

# Survey of Insurance Status - 2004 Screener File

Conducted by

The Center for Survey Research  
University of Massachusetts - Boston

for

Massachusetts Division of Health Care Finance and Policy

C830

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Before we begin, there are a couple of important things I need to tell you.

- ☐ Your answers are completely confidential. The information from this study will not be presented or published in any way that would permit identification of you or your household. Your answers will be combined with other answers for statistical analysis.
- ☐ It is important that your answers be accurate. Take your time and be sure to ask me if you are not sure what a question means or what kind of answer is wanted.
- ☐ It is very important that you answer as honestly and accurately as you can.
- ☐ If there is any question you would prefer not to answer, just tell me and I will go on to the next question.
- ☐ Your participation is, of course, voluntary.
- ☐ Do you have any questions before we continue?

S1. Number of persons in household:

|        | QUESTION  |  |   |   |   |   |           | INSURANCE                                 | POLICY HOLDER                    |
|--------|-----------|--|---|---|---|---|-----------|---|----------------------------------|
| PERSON | S2<br>AGE | S3<br>GENDER   | S3A<br>EDUCATION  | S3B<br>MARITAL  | S4<br>EMPLOYMENT  | S4A<br>OVERALL<br>HEALTH  | S5        | 1=PLAN 1<br>2=PLAN 2, ETC.<br>U=UNINSURED | PLACE Y<br>IN CORRECT<br>BOX(ES) |
| 1      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR | INFORMANT |   |                                  |
| 2      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 3      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 4      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 5      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 6      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 7      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 8      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |
| 9      |           | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <input type="checkbox"/> < HS<br><input type="checkbox"/> HS<br><input type="checkbox"/> SOME COLL.<br><input type="checkbox"/> 4 YR DEG.<br><input type="checkbox"/> > 4 YR DEG. | <input type="checkbox"/> MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> SEPARATED<br><input type="checkbox"/> WIDOWED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> EXCELLENT<br><input type="checkbox"/> VERY GOOD<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> POOR |           |   |                                  |

| SECTION                  | YES                      | NEEDED          | NO                       | PAGE | COMPLETED                |
|--------------------------|--------------------------|-----------------|--------------------------|------|--------------------------|
| INSURED SECTION          | <input type="checkbox"/> | # PLANS? _____  | <input type="checkbox"/> | 17   | <input type="checkbox"/> |
| UNINSURED ADULT SECTIONS | <input type="checkbox"/> | HOW MANY? _____ | <input type="checkbox"/> | 58   | <input type="checkbox"/> |
| UNINSURED CHILD SECTION  | <input type="checkbox"/> |                 | <input type="checkbox"/> | 110  | <input type="checkbox"/> |
| 65 AND OVER SECTION      | <input type="checkbox"/> |                 | <input type="checkbox"/> | 119  | <input type="checkbox"/> |
| DEMOGRAPHIC SECTION      |                          |                 |                          | 123  | <input type="checkbox"/> |

RANDOM SELECTION OF HEALTH INSURANCE PLAN: \_\_\_\_\_ (SEE PAGE 17)

RANDOM SELECTION OF ADULT FROM INSURANCE PLAN: \_\_\_\_\_ (SEE PAGE 50)

RANDOM SELECTION OF PERSON 65+: \_\_\_\_\_ (SEE PAGE 119)

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## SCREENER SECTION

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- S1. We are trying to learn about the health insurance of all people living in selected households. As a first step, I need to get a count of how many people live in your household.

We want you to include all family members, boarders, unrelated people, and anyone who is away only temporarily, such as on vacation or in the hospital.

Please do not include anyone living somewhere else now, such as at school or away in the service.

So, **including** yourself, how many persons live in your household?

**[RECORD ANSWER IN QUESTION S1. ON FLAP -- IF 10 OR MORE, HOUSEHOLD IS INELIGIBLE, TERMINATE INTERVIEW]**

I need to know just a few pieces of information about each of these people. I'd like to begin with you.

**[ASK THE FOLLOWING QUESTIONS ABOUT EACH PERSON IN THE HOUSEHOLD BEGINNING WITH HOUSEHOLD INFORMANT, THEN RECORD ANSWERS IN QUESTIONS S2 THROUGH S5 ON FLAP]**

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- S2. How old were you/was this person on your/their last birthday?

- S3. [Ask if not sure] Is this person male or female?

- S3a. [If 18 or over] Is the highest grade or level of school that you have/this person has completed less than high school, high school graduate, some college including a 2-year degree, a 4-year college degree, or school beyond a 4-year college degree?

- S3b. [If 18 or over] Are you/Is this person currently married, never been married, divorced, separated, or widowed?

- S4. [If 18 or over] Are you/they currently working at a job for pay?

- S4a. Would you rate your/this person's overall health as excellent, very good, good, fair or poor?

- S5. How is the person related to you?

[ASK QUESTION S6 ABOUT INFORMANT]

S6. I now have a few questions about health insurance coverage. Do you currently have any kind of health insurance coverage at all?

[ ] YES (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)

[ ] NO

S6a. Do you currently have any health insurance coverage through government programs such as, Medicare, Medicaid, or MassHealth?

[ ] YES (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)

[ ] NO

S6b. So you currently do **not** have **any** health insurance coverage at all. Is that correct?

[ ] (ENTER '1' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S7; IF ONE PERSON HOUSEHOLD GO TO QUESTION SE ON PAGE 14)

S7. Of the other people you mentioned as living in this household, could you please tell me which ones are covered by the same health insurance policy or program as yourself? (Probe: Anyone else?)

[ENTER '1' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]

S8. Health insurance policies are usually held in one person's name, could you tell under which person your health insurance policy is held?

[PLACE 'Y' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]

[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]

S9. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S10a.

S10a. I've noticed that I do not know the health insurance status of all members of your household.

Do you consider yourself to be knowledgeable enough about other household members to answer these health insurance questions about them?

[ ] YES (CONTINUE WITH QUESTION S10aa.)

[ ] NO (FIND OUT WHO IS KNOWLEDGEABLE AND ARRANGE TO CALL OR VISIT THEM)

S10aa. Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

[    ] YES (**ENTER '2' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S10b)

[    ] NO

S10a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[    ] YES (**ENTER '2' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S10b)

[    ] NO

S10a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

[    ] YES - NO INSURANCE (**ENTER 'U' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S11)

[    ] NO - HAS INSURANCE (**ENTER '2' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S10b)

S10b. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S10c.

S10c. Which other household members are covered by the same health insurance policy or program as this person?

[**ENTER '2' IN INSURANCE COLUMN ON FLAP** NEXT TO EACH PERSON MENTIONED]

S10d. (Health insurance policies are usually held in one person's name.) Could you tell me under which person this health insurance policy is being held?

[**PLACE 'Y' IN POLICY HOLDER COLUMN ON FLAP** NEXT TO PERSON WHO IS POLICY HOLDER]

[    ] POLICY HOLDER NOT IN HOUSEHOLD [**ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP**]

S11. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S11a.

“Please bear with me while I record the information you have given me.”

S11a. Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?  
ENTER PERSON NUMBER BEING ASKED ABOUT:

[ ] YES (**ENTER '3' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S11b.)  
[ ] NO

S11a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[ ] YES (**ENTER '3' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S11b.)  
[ ] NO

S11a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

[ ] YES - NO INSURANCE (**ENTER 'U' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S12)  
[ ] NO - HAS INSURANCE (**ENTER '3' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S11b)

S11b. GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S11c.]

S11c. Which other household members are covered by the same health insurance policy or program as this person?

[**ENTER '3' IN INSURANCE COLUMN ON FLAP** NEXT TO EACH PERSON MENTIONED]

S11d. (Health insurance policies are usually held in one person's name.) Could you tell me under which person this health insurance policy is being held?

[**PLACE 'Y' IN POLICY HOLDER COLUMN ON FLAP** NEXT TO PERSON WHO IS POLICY HOLDER]

[ ] POLICY HOLDER NOT IN HOUSEHOLD [**ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP**]

S12. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S12a.

"Please bear with me while I record the information you have given me."

S12a. Since I do not know the health insurance status of all members of your household, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

[ ] YES (**ENTER '4' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S12b.)  
[ ] NO

S12a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[ ] YES (**ENTER '4' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S12b.)  
[ ] NO

S12a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

[ ] YES - NO INSURANCE (**ENTER 'U' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S13)  
[ ] NO - HAS INSURANCE (**ENTER '4' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S12b)

S12b. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S12c.

S12c. Which other household members are covered by the same health insurance policy or program as this person?

[**ENTER '4' IN INSURANCE COLUMN ON FLAP** NEXT TO EACH PERSON MENTIONED]

S12d. Health insurance policies are usually held in one person's name. Could you tell me under which person this health insurance policy is being held?

[**PLACE 'Y' IN POLICY HOLDER COLUMN ON FLAP** NEXT TO PERSON WHO IS POLICY HOLDER]

[ ] POLICY HOLDER NOT IN HOUSEHOLD [**ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP**]

S13. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S13a.



“Please bear with me while I record the information you have given me.”

S13a. Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

- [    ] YES (**ENTER ‘5’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S13b.)  
[    ] NO

S13a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

- [    ] YES (**ENTER ‘5’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S13b.)  
[    ] NO

S13a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

- [    ] YES - NO INSURANCE (**ENTER ‘U’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S14)  
[    ] NO - HAS INSURANCE (**ENTER ‘5’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S13b)

S13b. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S13c.

S13c. Which other household members are covered by the same health insurance policy or program as this person?

[**ENTER ‘5’ IN INSURANCE COLUMN ON FLAP** NEXT TO EACH PERSON MENTIONED]

S13d. Health insurance policies are usually held in one person’s name. Could you tell me under which person this health insurance policy is being held?

[**PLACE ‘Y’ IN POLICY HOLDER COLUMN ON FLAP** NEXT TO PERSON WHO IS POLICY HOLDER]

- [    ] POLICY HOLDER NOT IN HOUSEHOLD [**ENTER ‘OUT’ IN POLICY HOLDER COLUMN ON FLAP**]

S14. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S14a.

“Please bear with me while I record the information you have given me.”

S14a. Since I do not know the health insurance status of all members of your household, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

[ ] YES (ENTER '6' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S14b.)  
[ ] NO

S14a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[ ] YES (ENTER '6' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S14b.)  
[ ] NO

S14a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

[ ] YES - NO INSURANCE (ENTER 'U' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S15)  
[ ] NO - HAS INSURANCE (ENTER '6' IN INSURANCE COLUMN ON FLAP AND GO TO QUESTION S14b)

S14b. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S14c.

S14c. Which other household members are covered by the same health insurance policy or program as this person?

[ENTER '6' IN INSURANCE COLUMN ON FLAP NEXT TO EACH PERSON MENTIONED]

S14d. Health insurance policies are usually held in one person's name. Could you tell me under which person this health insurance policy is being held?

[PLACE 'Y' IN POLICY HOLDER COLUMN ON FLAP NEXT TO PERSON WHO IS POLICY HOLDER]

[ ] POLICY HOLDER NOT IN HOUSEHOLD [ENTER 'OUT' IN POLICY HOLDER COLUMN ON FLAP]

S15. INTERVIEWER CHECK: IF THE HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S15a.

"Please bear with me while I record the information you have given me."

S15a. Does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

- [ ☐ ] YES (**ENTER '7' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S15b.)  
[ ☐ ] NO

S15a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

- [ ☐ ] YES (**ENTER '7' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S15b.)  
[ ☐ ] NO

S15a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

- [ ☐ ] YES - NO INSURANCE (**ENTER 'U' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S16)  
[ ☐ ] NO - HAS INSURANCE (**ENTER '7' IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S15b)

S15b. [INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S15c.]

S15c. Which other household members are covered by the same health insurance policy or program as this person?

[**ENTER '7' IN INSURANCE COLUMN ON FLAP** NEXT TO EACH PERSON MENTIONED]

S15d. Health insurance policies are usually held in one person's name. Could you tell under which person this health insurance policy is held?

[**PLACE 'Y' IN POLICY HOLDER COLUMN ON FLAP** NEXT TO PERSON WHO IS POLICY HOLDER]

- [ ☐ ] POLICY HOLDER NOT IN HOUSEHOLD [**ENTER 'OUT' ON POLICY HOLDER COLUMN OF FLAP**]

S16. [INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S16a.]

“Please bear with me while I record the information you have given me.”

S16a. Since I do not know the health insurance status of all members of your household, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

[ ] YES (**ENTER ‘8’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S16b.)  
[ ] NO

S16a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[ ] YES (**ENTER ‘8’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S16b.)  
[ ] NO

S16a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

[ ] YES - NO INSURANCE (**ENTER ‘U’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S17)  
[ ] NO - HAS INSURANCE (**ENTER ‘8’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION S16b)

S16b. [INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S16c.]

S16c. Which other household members are covered by the same health insurance policy or program as this person?

[**ENTER ‘8’ IN INSURANCE COLUMN ON FLAP** NEXT TO EACH PERSON MENTIONED]

S16d. Health insurance policies are usually held in one person’s name. Could you tell under which person this health insurance policy is held?

[**PLACE ‘Y’ IN POLICY HOLDER COLUMN ON FLAP** NEXT TO PERSON WHO IS POLICY HOLDER]

[ ] POLICY HOLDER NOT IN HOUSEHOLD [**ENTER ‘OUT’ IN POLICY HOLDER COLUMN ON FLAP**]

S17. [INTERVIEWER CHECK: IF HEALTH INSURANCE STATUS OF ALL HOUSEHOLD MEMBERS IS KNOWN, GO TO QUESTION SE ON PAGE 14. IF NOT, ASK QUESTION S17a.]

“Please bear with me while I record the information you have given me.”

S17a. Finally, does the [fill age] year old [fill sex] have any kind of health insurance coverage at all?

ENTER PERSON NUMBER BEING ASKED ABOUT:

[ ] YES (**ENTER ‘9’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION SE ON PAGE 14)

[ ] NO

S17a1. Does this person have any health insurance coverage through government programs such as Medicare, Medicaid, or MassHealth?

[ ] YES (**ENTER ‘9’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION SE ON PAGE 14)

[ ] NO

S17a2. So this person does **not** have **any** health insurance coverage at all. Is that correct?

[ ] YES - NO INSURANCE (**ENTER ‘U’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTION SE ON PAGE 14)

[ ] NO - HAS INSURANCE (**ENTER ‘9’ IN INSURANCE COLUMN ON FLAP** AND GO TO QUESTIONS SE ON PAGE 14)

**SE. [INTERVIEWER CHECK: REVIEW FLAP AND MAKE SURE YOU HAVE VALID ENTRIES FOR EACH PERSON IN QUESTIONS S2, S3, S3A, S3B, S4, S5 AND INSURANCE COLUMN. ALSO MAKE SURE YOU HAVE A ‘Y’ OR ‘OUT’ FOR EACH HEALTH INSURANCE PLAN IN POLICY HOLDER COLUMN. IF NOT, PROBE TO COMPLETE MISSING DATA]**

[INTERVIEWER CHECK: IF AT LEAST ONE PERSON UNDER 65 IS COVERED BY HEALTH INSURANCE, MARK “YES” TO INSURANCE SECTION NEEDED ON FLAP ELSE MARK “NO”]

[INTERVIEWER CHECK: IF AT LEAST ONE PERSON FROM 18 YEARS OLD TO 64 YEARS OLD IS UNINSURED, MARK “YES” TO UNINSURED ADULT SECTIONS NEEDED ON FLAP ELSE MARK “NO”]

IF “YES” COUNT NUMBER OF “U” CODES IN INSURANCE COLUMN ON FLAP FOR PEOPLE 18 THROUGH 64 YEARS OLD. ENTER NUMBER IN “HOW MANY?” QUESTION ON FLAP]

[INTERVIEWER CHECK: IF AT LEAST ONE PERSON UNDER 18 YEARS OLD IS UNINSURED, MARK “YES” TO UNINSURED CHILD SECTION NEEDED ON FLAP ELSE MARK “NO”]

[INTERVIEWER CHECK: IF THERE IS AT LEAST ONE PERSON 65 YEARS OLD OR OLDER IN HOUSEHOLD, MARK “YES” TO 65 AND OVER SECTION NEEDED ON FLAP ELSE MARK “NO”]

[REFER TO FLAP FOR APPROPRIATE SECTIONS TO COMPLETE. DO NEXT TEL QUESTIONS BELOW BEFORE PROCEEDING TO THE NEXT SECTION ]

tel1. I would like to make sure I dialed the right telephone number.

Is this ([fill AREA]) [fill PRFX]-[fill SUFX:0)?

[ ☐ ] Yes

[ ☐ ] No -- 1ST TIME DIALED [THANK R, HANG UP AND REDIAL]

[ ☐ ] No -- 2ND TIME DIALED [THANK R-- PROBLEM, TALK TO SUPERVISOR]

tel7. Does this telephone number reach a private residence such as a house or apartment or is it a group living arrangement such as a dormitory or boarding house?

[ ☐ ] PRIVATE RESIDENCE

[ ☐ ] GROUP QUARTERS What type of group living arrangement is this?

tel6. Is this (your) main residence and not a vacation home?

[ ☐ ] YES

[ ☐ ] NO [GOTO TEL8] [ ☐ ] NA

tel2. Not including cell phones, do you have any phone numbers in your home in addition to this one?

- ☐ YES [**GO TO TEL3**]
- ☐ NO [**GOTO TEL6**]
- ☐ DON'T KNOW [**GOTO TEL6**]
- ☐ NA [**GOTO TEL6**]

tel3. How many additional phone numbers (not including cell phones) do you have in your home?

- ☐ NO ADDITIONAL PHONE NUMBERS [**GOTO TEL6**]
- ☐ ADDITIONAL PHONE NUMBER(S) ENTER # \_\_\_\_\_ [**GOTO TEL3A**]
- ☐ DON'T KNOW [**GOTO TEL6**]
- ☐ NA [**GOTO TEL6**]

\*\*\*\*\*  
\*

ASK QUESTION tel4 and tel 5 FOR EACH ADDITIONAL TELEPHONE NUMBER IN THE HOUSEHOLD,  
UP TO 2 ADDITIONAL (OR 3 TOTAL) NUMBERS. **DO NOT ASK FOR CELL PHONES.**

\*\*\*\*\*

tel4. Is your second phone number for (not including cell phones)...

- ☐ Home use
- ☐ Business and home use, or
- ☐ Business use only
- ☐ FAX/MODEM USE
- ☐ DON'T KNOW
- ☐ NA

tel5. [**IF TEL3 IS ONE OR LESS GO TO TEL6**]

Is your third phone number for ...

- ☐ Home use
- ☐ Business and home use, or
- ☐ Business use only
- ☐ FAX/MODEM USE
- ☐ DON'T KNOW
- ☐ NA

tel8. Have you had any interruptions in telephone service in the last 12 months?

- ☐ YES
- ☐ NO (**GO NEXT SECTION**)

tel8a. Did the longest interruption in service last for less than 1 week, from 1 to 2 weeks, from 2 to 4 weeks, or for more than 4 weeks?

☐ LESS THAN 1 WEEK **(GO NEXT SECTION)**

☐ 1 TO 2 WEEKS **(GO NEXT SECTION)**

☐ 2 TO 4 WEEKS **(GO NEXT SECTION)**

☐ MORE THAN 4 WEEKS

☐ DON'T KNOW **(GO NEXT SECTION)**

tel8b. In the last 12 months, about how many months in total were you without a working phone?

ENTER MONTHS (TO THE NEAREST HALF MONTH):

C:\Alison's Files\screener.wpd



# Survey of Insurance Status - 2004 Insured Module

Conducted by

The Center for Survey Research  
University of Massachusetts - Boston

for

Massachusetts Division of Health Care Finance and Policy

C830

February 2004

## INSURED SECTION

### CHECK INS1: SECTION CHECK

ENTER HIGHEST NUMBER RECORDED IN INSURANCE COLUMN ON FLAP:A:

ENTER NUMBER OF INSURANCE PLANS WHICH ONLY COVER PERSONS 65 YEARS OF AGE OR OLDER: B:

SUBTRACT B FROM A (A-B):C:

IF NUMBER IN C IS 0, YOU SHOULDN'T DO AN INSURED SECTION, REFER TO FLAP FOR NEXT SECTION NEEDED

IF NUMBER IN C IS GREATER THAN 0, YOU MUST DO AN INSURED SECTION

### CHECK INS2: PLAN SELECTION

CIRCLE NUMBER OF ELIGIBLE PLANS (FROM C: ABOVE) IN LEFT HAND VERTICAL COLUMN BELOW

CIRCLE KISH TABLE **PLAN** NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW

PLACE FINGER ON CIRCLED NUMBER OF PLANS IN LEFT HAND VERTICAL COLUMN, GO RIGHT UNTIL YOU COME TO COLUMN WHICH HAS CIRCLED KISH TABLE PLAN NUMBER, CIRCLE SELECTED PLAN INDICATOR INSIDE TABLE

ENTER SELECTED PLAN ON FLAP

| NUMBER OF PLANS (FROM C: ABOVE) | KISH TABLE <b>PLAN</b> NUMBER (FROM LABEL) |   |   |   |   |   |   |   |   |    |    |    |
|---------------------------------|--|---|---|---|---|---|---|---|---|----|----|----|
|                                 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|                                 | SELECT N-TH LOWEST NUMBERED ELIGIBLE PLAN  |   |   |   |   |   |   |   |   |    |    |    |
| 1                               | 1  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1  | 1  |
| 2                               | 1  | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2  | 2  | 2  |
| 3                               | 1  | 1 | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2  | 3  | 3  |
| 4                               | 1  | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 2 | 3  | 4  | 4  |
| 5                               | 1  | 2 | 3 | 4 | 3 | 5 | 1 | 2 | 3 | 4  | 5  | 5  |
| 6 OR MORE                       | 1  | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4  | 5  | 6  |

## INSURED SECTION

### I. Employment and Insurance

A1. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT: \_\_\_\_\_]

[NOTE: THE FOLLOWING QUESTIONS ARE TO BE ASKED FIRST ABOUT THE POLICY HOLDER, UNLESS THE POLICY HOLDER IS NOT IN THE HOUSEHOLD, THEN ANY ADULT COVERED BY THE POLICY CAN BE SELECTED; **IF NO PERSONS BETWEEN 18 AND 64 COVERED BY POLICY, GO TO QUESTION A14**] **IF ALL INSURED IN HH ARE 65+ SKIP TO SENIOR SECT.**

A1A. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF POLICY HOLDER/SELECTED PERSON: \_\_\_\_\_]

**The following questions concern (all persons in this household covered by) the health insurance which covers you/the [age] year old [gender]. To begin, let's talk about you/the [age] year old [gender].**

A2. **[IF EMPLOYED; GO TO QUESTION A3]**

In what month and year did you/he/she last work at a job for pay?

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ [ ] NEVER WORKED

A2A. Do you/Does he/she currently want a job, either full or part time?

- [ ] YES OR MAYBE, IT DEPENDS
- [ ] NO
- [ ] RETIRED
- [ ] DISABLED
- [ ] UNABLE TO WORK
- [ ] DON'T KNOW

A2B. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

- [ ] LOOKING FOR WORK
- [ ] DISABLED
- [ ] RETIRED
- [ ] ILL
- [ ] IN SCHOOL
- [ ] TAKING CARE OF A HOUSE OR FAMILY
- [ ] SOMETHING ELSE|

A2C. What is that?

A2D. At any time in the past 12 months, did you/he/she receive unemployment insurance?

- [ ] YES
- [ ] NO

**[GO TO QUESTION A10a]**

A3. You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or both?

- ☐ SELF-EMPLOYED (**GO TO A6**)
- ☐ WORKING FOR SOMEONE ELSE
- ☐ BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

A4. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
- ☐ NO

A4a. (Considering the main job,) Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER
- ☐ STATE/LOCAL/MUNICIPAL GOVERNMENT
- ☐ FEDERAL GOVERNMENT
- ☐ SOMEONE ELSE: Who is that?

A5. **[IF A4=NO THEN GO TO A6]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
- ☐ NO

A6. (Considering all the jobs you have/he has/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?

HOURS PER WEEK:

**[IF POLICY HOLDER, ASK A6a., ELSE GO TO A6a1.]**

A6a. Do you/Does he/she receive this health insurance coverage through your/his/her employment?

- ☐ YES
- ☐ NO (GO TO A6a1)

A6aa. Do you have family or individual health care coverage?

- ☐ FAMILY
- ☐ INDIVIDUAL
- ☐ DON'T KNOW

**[GO TO A6b]**

A6a1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES
- ☐ NO (GO TO QUESTION A6b)
- ☐ DON'T KNOW (GO TO QUESTION A6b)

A6a2. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF
- ☐ FAMILY

[ ] DON'T KNOW

A6a3. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

[ ] YES

[ ] NO (GO TO QUESTION A6a6)

[ ] DON'T KNOW (GO TO A6b)

A6a4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |

A6a5. Is there any other reason you do/he does/she does not get this health insurance coverage?

[ ] YES

[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A6b]

A6a6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> |
|---|------------|-----------|-------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | [ ]        | [ ]       | [ ]               |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]               |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]               |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]               |

A6a7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A6b]

A6b. IF MORE THAN ONE EMPLOYER (A4) AND INSURED THROUGH EMPLOYMENT (A6a.), READ: Please answer the following questions about the company through which you/he/she obtain(s) health insurance coverage.

IF MORE THAN ONE EMPLOYER (A4) AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A6a1.), READ: Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A4) AND NOT INSURED THROUGH EMPLOYMENT (A6a.), READ: Please answer the following questions about your/their main employer.

OTHERWISE GO TO A7

A7. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

|                  |                   |
|------------------|-------------------|
| [ ] LESS THAN 10 | [ ] 100 – 499     |
| [ ] 10 – 49      | [ ] 500 – 999     |
| [ ] 50 – 99      | [ ] 1,000 OR MORE |
|                  | [ ] DON'T KNOW    |

A7a. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

☐ LESS THAN 10

☐ 10 – 49

☐ 50 – 99

☐ 100 – 499

☐ 500 – 999

☐ 1000 OR MORE

☐ DON'T KNOW

A8. What kind of industry is this? [Probe: What do they do or make?]

A9. What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]

A10. Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?

☐ LESS THAN 1 YEAR

☐ 1-5 YEARS

☐ MORE THAN 5 YEARS

☐ DON'T KNOW

A10a. [INTERVIEWER CHECK: WE NEED TO ASK QUESTIONS ABOUT THE EMPLOYMENT OF ALL PERSONS IN THIS PLAN WHO ARE 18 OR OLDER. HAS EMPLOYMENT INFORMATION BEEN OBTAINED ABOUT ALL SUCH PERSONS IN THE HOUSEHOLD COVERED BY THIS PLAN?]

☐ YES (**GO TO QUESTION A14**)

☐ NO (**GO TO QUESTION A10b1**)

---

A10b1. I now need to ask a few questions about you/the [age] year old [gender].

ENTER PERSON NUMBER:

A10b1 **[IF EMPLOYED; GO TO QUESTION A10c]**

In what month and year did you/he/she last work at a job for pay?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

☐ NEVER WORKED

A10b2. Do you/Does he/she currently want a job, either full or part time?

☐ YES OR MAYBE, IT DEPENDS

☐ NO

☐ RETIRED

☐ DISABLED

☐ UNABLE TO WORK

☐ DON'T KNOW

A10b3. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

- ☐ LOOKING FOR WORK
- ☐ DISABLED
- ☐ RETIRED
- ☐ ILL
- ☐ IN SCHOOL
- ☐ TAKING CARE OF A HOUSE OR FAMILY
- ☐ SOMETHING ELSE

A10b4. What is that?

A10b5. At any time in the past 12 months, did you/he/she receive unemployment insurance?

- ☐ YES
- ☐ NO

**[GO TO QUESTION A11a.]**

A10c. Are you/Is he/she self-employed, employed by someone else, or both?

- ☐ SELF-EMPLOYED (**GO TO A10f**)
- ☐ EMPLOYED BY SOMEONE ELSE
- ☐ BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

A10d. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
- ☐ NO

A10d1. (Considering the main job) Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER
- ☐ STATE/LOCAL/MUNICIPAL GOVERNMENT
- ☐ FEDERAL GOVERNMENT
- ☐ SOMEONE ELSE: Who is that?

A10e. **[IF A10d=NO THEN GO TO A10f]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
- ☐ NO

A10f. Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per week do you/does he/she usually work?

HOURS PER WEEK:

A10g1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES
- ☐ NO (GO TO QUESTION A10h)
- ☐ DON'T KNOW (GO TO QUESTION A10h)

A10g2. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF



- [ ] FAMILY  
[ ] DON'T KNOW

A10g3. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- [ ] YES  
[ ] NO (GO TO QUESTION A10g6)  
[ ] DON'T KNOW (GO TO A10h)

A10g4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |

A10g5. Is there any other reason you do/he does/she does not get this health insurance coverage?

- [ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A10h]

A10g6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|---|------------|-----------|-----------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | [ ]        | [ ]       | [ ]                   |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]                   |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]                   |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]                   |

A10g7. Is there some other reason you/he/she cannot get this health insurance coverage?

- [ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A10h]

A10h. IF MORE THAN ONE EMPLOYER (A10d.) AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A10g.), READ:

Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A10d.) AND NOT ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A10g.), READ:

Please answer the following questions about your/their main employer.

OTHERWISE GO TO A10i

A10i. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499     |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999     |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1,000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW    |

A10j. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499    |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999    |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW   |

A10k. What kind of industry is this? [Probe: What do they do or make?]

A10l. What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]

A10m. Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?

- |  |
|--|
| <input type="checkbox"/> LESS THAN 1 YEAR  |
| <input type="checkbox"/> 1-5 YEARS         |
| <input type="checkbox"/> MORE THAN 5 YEARS |
| <input type="checkbox"/> DON'T KNOW        |

A11a. [INTERVIEWER CHECK: HAS EMPLOYMENT INFORMATION BEEN OBTAINED ABOUT ALL PERSONS 18 OR OVER IN THE HOUSEHOLD WHO ARE COVERED BY THIS HEALTH INSURANCE POLICY?]

- |  |
|--|
| <input type="checkbox"/> YES ( <b>GO TO QUESTION A14</b> ) |
| <input type="checkbox"/> NO ( <b>GO TO QUESTION A11b</b> ) |

A11b. I now need to ask a few questions about you/the [age] year old [gender].

ENTER PERSON NUMBER:

A11b1. **[IF EMPLOYED; GO TO QUESTION A11c]**

In what month and year did you/he/she last work at a job for pay?

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ [ ] NEVER WORKED

A11b2. Do you/Does he/she currently want a job, either full or part time?

- [ ] YES OR MAYBE, IT DEPENDS
- [ ] NO
- [ ] RETIRED
- [ ] DISABLED
- [ ] UNABLE TO WORK
- [ ] DON'T KNOW

A11b3. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

- [ ] LOOKING FOR WORK
- [ ] DISABLED
- [ ] RETIRED
- [ ] ILL
- [ ] IN SCHOOL
- [ ] TAKING CARE OF A HOUSE OR FAMILY
- [ ] SOMETHING ELSE

A11b4. What is that?

A11b5. At any time in the past 12 months, did you/he/she receive unemployment insurance?

- [ ] YES
- [ ] NO

**[GO TO QUESTION A12a]**

A11c. Are you/Is he/she self-employed, working for someone else, or both?

- ☐ SELF-EMPLOYED (**GO TO A11f**)
- ☐ WORKING FOR SOMEONE ELSE
- ☐ BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

A11d. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
- ☐ NO

A11d1. (Considering the main job) Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER
- ☐ STATE/LOCAL/MUNICIPAL GOVERNMENT
- ☐ FEDERAL GOVERNMENT
- ☐ SOMEONE ELSE: Who is that?

A11e. **[IF A11d=NO THEN GO TO A11f]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
- ☐ NO

A11f. Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per week do you/does he/she usually work?

HOURS PER WEEK:

A11g1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES
- ☐ NO (GO TO QUESTION A11h)
- ☐ DON'T KNOW (GO TO QUESTION A11h)

A11g2. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF
- ☐ FAMILY
- ☐ DON'T KNOW

A11g3. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- ☐ YES
- ☐ NO (GO TO QUESTION A11g6)
- ☐ DON'T KNOW (GO TO A11h)

A11g4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |

A11g5. Is there any other reason you do/he does/she does not get this health insurance coverage?

[ ] YES

[ ] NO

What are those reasons? (Probe for up to 3 reasons)

---



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[GO TO QUESTION A11h]

A11g6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|---|------------|-----------|-----------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | [ ]        | [ ]       | [ ]                   |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]                   |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]                   |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]                   |

A11g7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES

[ ] NO

What are those reasons? (Probe for up to 3 reasons)

---



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[GO TO QUESTION A11h]

A11h. IF MORE THAN ONE EMPLOYER (A11d.) AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A11g.), READ:

Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A11d.) AND NOT ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A11g.), READ:

Please answer the following questions about your/their main employer.

OTHERWISE GO TO A11i

A11i. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

☐ LESS THAN 10

☐ 10 – 49

☐ 50 – 99

☐ 100 – 499

☐ 500 – 999

☐ 1,000 OR MORE

☐ DON'T KNOW

A11j. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

☐ LESS THAN 10

☐ 10 – 49

☐ 50 – 99

☐ 100 – 499

☐ 500 – 999

☐ 1000 OR MORE

☐ DON'T KNOW

A11k. What kind of industry is this? [Probe: What do they do or make?]

A11l. What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]

A11m Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?

☐ LESS THAN 1 YEAR

☐ 1-5 YEARS

☐ MORE THAN 5 YEARS

☐ DON'T KNOW

A12a. [INTERVIEWER CHECK: HAS EMPLOYMENT INFORMATION BEEN OBTAINED ABOUT ALL PERSONS 18 OR OVER IN THE HOUSEHOLD WHO ARE COVERED BY THIS HEALTH INSURANCE POLICY?]

☐ YES (**GO TO QUESTION A14**)

☐ NO (**GO TO QUESTION A12b.**)

A12b. I now need to ask a few questions about you/the [age] year old [gender].

ENTER PERSON NUMBER:

A12b1. **[IF EMPLOYED; GO TO QUESTION A12c.]**

In what month and year did you/he/she last work at a job for pay?

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ [ ] NEVER WORKED

A12b2. Do you/Does he/she currently want a job, either full or part time?

- [ ] YES OR MAYBE, IT DEPENDS
- [ ] NO
- [ ] RETIRED
- [ ] DISABLED
- [ ] UNABLE TO WORK
- [ ] DON'T KNOW

A12b3. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

- [ ] LOOKING FOR WORK
- [ ] DISABLED
- [ ] RETIRED
- [ ] ILL
- [ ] IN SCHOOL
- [ ] TAKING CARE OF A HOUSE OR FAMILY
- [ ] SOMETHING ELSE

A12b4. What is that?

A12b5. At any time in the past 12 months, did you/he/she receive unemployment insurance?

- [ ] YES
- [ ] NO

**[GO TO QUESTION A13a.]**

A12c. Are you/Is he/she self-employed, working for someone else, or both?

- [ ] SELF-EMPLOYED(**GO TO A12f**)
- [ ] WORKING FOR SOMEONE ELSE
- [ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

A12d. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- [ ] YES
- [ ] NO

A12d1. Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER  
☐ STATE/LOCAL/MUNICIPAL GOVERNMENT  
☐ FEDERAL GOVERNMENT  
☐ SOMEONE ELSE: Who is that?

A12e. **[IF A12d=NO THEN GO TO A12f]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES  
☐ NO

A12f. Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per week do you/does he/she usually work?

HOURS PER WEEK:

A12g1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES  
☐ NO (GO TO QUESTION A12h)  
☐ DON'T KNOW (GO TO QUESTION A12h)

A12g2. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF  
☐ FAMILY  
☐ DON'T KNOW

A12g3. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- ☐ YES  
☐ NO (GO TO QUESTION A12g6)  
☐ DON'T KNOW (GO TO A12h)

A12g3. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u>               | <u>NO</u>                | <u>DON'T<br/>KNOW</u>    |
|--|--------------------------|--------------------------|--------------------------|
| a.. Is it too expensive?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



A12g4. Is there any other reason you do/he does/she does not get this health insurance coverage?

☐ YES  
☐ NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A12h]

A12g5. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u>               | <u>NO</u>                | <u>DON'T KNOW</u>        |
|---|--------------------------|--------------------------|--------------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A12g6. Is there some other reason you/he/she cannot get this health insurance coverage?

☐ YES  
☐ NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A12h]

A12h. IF MORE THAN ONE EMPLOYER (A12d.) AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A12g.), READ:

Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A12d.) AND NOT ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A12g.), READ:

Please answer the following questions about your/their main employer.  
OTHERWISE GO TO A12i

A12i. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

☐ LESS THAN 10  
☐ 10 – 49  
☐ 50 – 99

☐ 100 – 499  
☐ 500 – 999  
☐ 1,000 OR MORE  
☐ DON'T KNOW

A12j. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

☐ LESS THAN 10

☐ 10 – 49

☐ 50 – 99

☐ 100 – 499

☐ 500 – 999

☐ 1000 OR MORE

☐ DON'T KNOW

A12k. What kind of industry is this? [Probe: What do they do or make?]

A12l. What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]

A12m. Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?

☐ LESS THAN 1 YEAR

☐ 1-5 YEARS

☐ MORE THAN 5 YEARS

☐ DON'T KNOW

A13a. [INTERVIEWER CHECK: HAS EMPLOYMENT INFORMATION BEEN OBTAINED ABOUT ALL PERSONS 18 OR OVER IN THE HOUSEHOLD WHO ARE COVERED BY THIS HEALTH INSURANCE POLICY?]

☐ YES (**GO TO QUESTION A14.**)

☐ NO (**GO TO QUESTION A13b.**)

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A13b. I now need to ask a few questions about you/the [age] year old [gender].

ENTER PERSON NUMBER:

A13b1. **[IF EMPLOYED; GO TO QUESTION A13c.]**

In what month and year did you/he/she last work at a job for pay?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

☐ NEVER WORKED

A13b2. Do you/Does he/she currently want a job, either full or part time?

- ☐ YES OR MAYBE, IT DEPENDS
- ☐ NO
- ☐ RETIRED
- ☐ DISABLED
- ☐ UNABLE TO WORK
- ☐ DON'T KNOW

A13b3. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

- ☐ LOOKING FOR WORK
- ☐ DISABLED
- ☐ RETIRED
- ☐ ILL
- ☐ IN SCHOOL
- ☐ TAKING CARE OF A HOUSE OR FAMILY
- ☐ SOMETHING ELSE|

A13b4. What is that?

A13b5. At any time in the past 12 months, did you/he/she receive unemployment insurance?

- ☐ YES
- ☐ NO

**[GO TO QUESTION A14.]**

A13c. Are you/Is he/she self-employed, working for someone else, or both?

- ☐ SELF-EMPLOYED(**GO TO A13f**)
- ☐ WORKING FOR SOMEONE ELSE
- ☐ BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED

A13d. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
- ☐ NO

A13d1. Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER
- ☐ STATE/LOCAL/MUNICIPAL GOVERNMENT
- ☐ FEDERAL GOVERNMENT
- ☐ SOMEONE ELSE: Who is that?

A13e. **[IF A13d=NO THEN GO TO A13f]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
- ☐ NO

A13f. Considering all the jobs you have/he has/she has right now, including self-employment, how many hours per week do you/does he/she usually work?

HOURS PER WEEK:

A13g1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES
- ☐ NO (GO TO QUESTION A13h)
- ☐ DON'T KNOW (GO TO QUESTION A13h)

A13g2. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF
- ☐ FAMILY
- ☐ DON'T KNOW

A13g3. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- ☐ YES
- ☐ NO (GO TO QUESTION A13g6)
- ☐ DON'T KNOW (GO TO A13h)

A13g4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u>               | <u>NO</u>                | <u>DON'T<br/>KNOW</u>    |
|--|--------------------------|--------------------------|--------------------------|
| a. Is it too expensive?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A13g5. Is there any other reason you do/he does/she does not get this health insurance coverage?

- ☐ YES
- ☐ NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A13h]

A13g6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> |
|---|------------|-----------|-------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | [ ]        | [ ]       | [ ]               |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]               |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]               |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]               |

A13g7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION A13h]

A13h. IF MORE THAN ONE EMPLOYER (A13d.) AND ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A13g.), READ:

Please answer the following questions about the company through which you are/he/she is eligible to obtain health insurance coverage.

IF MORE THAN ONE EMPLOYER (A13d.) AND NOT ELIGIBLE FOR INSURANCE THROUGH EMPLOYMENT (A13g.), READ:

Please answer the following questions about your/their main employer.

OTHERWISE GO TO A13i

A13i. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

|                  |                   |
|------------------|-------------------|
| [ ] LESS THAN 10 | [ ] 100 – 499     |
| [ ] 10 – 49      | [ ] 500 – 999     |
| [ ] 50 – 99      | [ ] 1,000 OR MORE |
|                  | [ ] DON'T KNOW    |

A13j. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

☐ LESS THAN 10

☐ 10 – 49

☐ 50 – 99

☐ 100 – 499

☐ 500 – 999

☐ 1000 OR MORE

☐ DON'T KNOW

A13k. What kind of industry is this? [Probe: What do they do or make?]

A13l. What kind of work do you/does he/she do; that is, what is your/his/her occupation?[Probe: What are your/his/her duties or responsibilities?]

A13m. Have you/has he/she worked for this company for less than one year, 1 to 5 years, or more than 5 years?

☐ LESS THAN 1 YEAR

☐ 1-5 YEARS

☐ MORE THAN 5 YEARS

☐ DON'T KNOW

[INTERVIEWER CHECK: IF MORE PERSONS 18 OR OVER IN HOUSEHOLD ARE WORKING AND COVERED BY THIS HEALTH INSURANCE POLICY, ADD ADDITIONAL EMPLOYMENT SECTIONS]

A14. The next questions again refer to the health insurance which covers you/the [age] year old [gender].

What is the name of the insurance company or HMO with whom the [age] year old [gender] has insurance?

COMPANY NAME:

**[IF POLICY HOLDER LIVES OUTSIDE HOUSEHOLD, ASK:]**

A14a1. Is this health insurance obtained through someone's employment?

- ☐ YES (**GO TO QUESTION A14i**)  
☐ NO  
☐ DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

|  | YES                      | NO                       |                       |
|--|--------------------------|--------------------------|-----------------------|
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO A14h)  |
| B. A <u>Masshealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMCHealthNet, or Network Health | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO A14i)  |
| C. Medicare?   |                          |                          |                       |
| D. Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO A14i)  |
| E. Purchasing it directly from an insurance company or insurance agent?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO A14i1) |
| F. A group such as a labor union, professional association or other group?<br> <br>What group is that?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO A14i1) |
| G. Some other method?<br> What is that?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO A14i1) |

A14h. What was the month and year of the most recent enrollment to Medicaid, or MassHealth for this health insurance coverage?

MONTH:

(**GO TO QUESTION A14k**)

YEAR:

A14i1. Does the word "MassHealth" appear anywhere on the insurance card you use when needed at a doctor's office or pharmacy?

- ☐ YES  
☐ NO  
☐ DON'T KNOW

A14i. At any time during the last 12 months, has anyone living in this household currently covered by this health insurance been enrolled in MassHealth, CommonHealth, or any MassHealth HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health?

- ☐ YES  
☐ NO (**GO TO A14k**)  
☐ DON'T KNOW (**GO TO A14k**)

A14j. How many of those currently covered by this health insurance have been enrolled in MassHealth in the past 12 months?

NUMBER OF PEOPLE:

A14k. (The next questions again refer to the health insurance which covers you/the [age] year old [gender].) Premiums are payments that cover the cost of health insurance. Does your family/the policy holder pay any part of the premium, or cost, of this health plan, either by direct payment or through payroll deduction?

[ ] YES

[ ] NO (**GO TO QUESTION A15a**)

A14l. About how much per week, every two weeks, per month, or year does your family/the policy holder pay for this health plan?

\$ \_\_\_\_\_ **[GO TO A14M]**

[ ] DON'T KNOW

A14L1. Whatever the amount, are the payments made by week, every two weeks, by month, or by year?

[ ] WEEK **[GO TO A14L1a]**

[ ] BIWEEKLY (EVERY 2 WEEKS) **[GO TO A14L1a]**

[ ] MONTH **[GO TO A14L1b]**

[ ] YEAR **[GO TO A14L1c]**

[ ] DON'T KNOW **[GO TO A14n]**

A14L1a. Would these payments be \$25 or less, between \$26 and \$50, between \$51 and \$75, between \$76 and \$100, or more than \$100?

[ ] \$25 or less

[ ] \$26 -\$50

[ ] \$51-\$75

[ ] \$76-\$100

[ ] \$100+

**[GO TO A14n]**

A14L1b. Would these payments be \$50 or less, between \$51 and \$100, between \$101 and \$150, between \$151 and \$200, \$201 and \$300, \$301 and \$400, or more than \$400?

[ ] \$50 or less

[ ] \$51 -\$100

[ ] \$101-\$150

[ ] \$151-\$200

[ ] \$201-\$300

[ ] \$301-\$400

[ ] \$400+

**[GO TO A14n]**

A14L1c. Would these payments be \$500 or less, between \$501 and \$1000, between \$1001 and \$1500, between \$1501 and \$3000, or more than \$3000?

[ ] \$500 or less

[ ] \$501 -\$1000

[ ] \$1001-\$1500

[ ] \$1501-\$3000

[ ] \$3000+

**[GO TO A14n]**

A14m. ENTER THE UNIT (NOT READ)

[ ] WEEK



- ☐ BIWEEKLY (EVERY 2 WEEKS)
- ☐ MONTH
- ☐ YEAR
- ☐ DON'T KNOW

A14n. In general, do you think the amount paid is much too much, a little to much, or about right?

- ☐ MUCH TOO MUCH
- ☐ A LITTLE TOO MUCH
- ☐ ABOUT RIGHT

**[IF A6a IS “YES”, GO TO QUESTION A15]**

A14o. Is this health insurance coverage for an individual or for a family?

- ☐ INDIVIDUAL
- ☐ FAMILY
- ☐ DON'T KNOW

Now I'm going to read you a list of services. Please tell me if this health plan covers any part of the costs of the services or not:

A15a. Do you/does this person have any insurance that covers prescription drugs?

- ☐ YES
- ☐ NO (**GO TO QUESTION A16**)
- ☐ DK (**GO TO QUESTION A16**)

A15a1. Some health plans have a fixed amount you have to pay as a co-payment when getting a prescription drug. Other health plans have a tiered system where the amount you pay varies by the type of prescription drug you get. The smallest amount you pay is usually for a generic brand prescription drug. What is the lowest co-payment amount you pay when getting a prescription drug?

☐ NO COPAYMENT

\$ \_\_\_\_\_

☐ DON'T KNOW

A15b. Do you/does this person have any insurance that covers mental health visits?

- ☐ YES
- ☐ NO (**GO TO QUESTION A16**)
- ☐ DK (**GO TO QUESTION A16**)

A15c. Do you/does this person have any insurance that covers dental services?

- ☐ YES
- ☐ NO (**GO TO QUESTION A16**)

A15d. Is this dental insurance included in the same plan as your/this person's health insurance?

- ☐ YES
- ☐ NO

A16. Under this health plan, not including emergency room visits, do you have to pay a co-payment or fixed cost each time you visit a doctor in their office?

- ☐ YES
- ☐ NO (**GO TO QUESTION A19**)

A16a. Do you/Does this person have to pay \$10 or less, between \$11 and \$25, or more than \$25 each time you/they visit a doctor in their office?

- ☐ \$10 OR LESS
- ☐ \$11 TO \$25
- ☐ MORE THAN \$25
- ☐ DON'T KNOW

A19. Out-of-pocket expenses are payments you make for health care, other than the cost of premiums. This includes the costs of deductibles and copayments, which are partial payments you make to receive medical care or prescriptions. For the year 2003, would you say that the out-of-pocket expenses for everyone in the household on this health insurance plan were less than \$200, 200 to 499, 500 to 999, 1,000 to 1,999, \$2,000 to \$3,999, or \$4,000 or more?

- ☐ ZERO (**GO TO A20a**)
- ☐ LESS THAN \$200
- ☐ \$200-\$499
- ☐ \$500-\$999
- ☐ \$1,000-\$1,999
- ☐ \$2,000-\$3,999
- ☐ \$4,000 OR MORE
- ☐ DON'T KNOW

A20. Were these out-of-pocket expenses not difficult, a little difficult, somewhat difficult, or very difficult for you/your family to afford?

- ☐ NOT DIFFICULT
- ☐ A LITTLE DIFFICULT
- ☐ SOMEWHAT DIFFICULT
- ☐ VERY DIFFICULT

A20a. Were the out-of-pocket expenses paid by you/your family in the year 2003 a lot more, a little more, about the same, a little less, or a lot less than the out-of-pocket expenses you/your family paid in the year 2002?

- ☐ A LOT MORE
- ☐ A LITTLE MORE
- ☐ ABOUT THE SAME
- ☐ A LITTLE LESS
- ☐ A LOT LESS

A24. Has a doctor or other medical care provider ever suggested a test or treatment for anyone covered by this health plan, that the health plan would not cover or pay for?

[ ] YES      =      =      =      =      A24a. What were these tests or treatments?

**[ ] NO (GO TO QUESTION A26)**

**[ ] DON'T KNOW (GO TO QUESTION A26)**

A25. In the past 12 months, has this lack of coverage for certain tests or treatments been a big problem, a small problem, or no problem at all for your family?

[ ] BIG PROBLEM

[ ] SMALL PROBLEM

☐ NO PROBLEM AT ALL

A26. We want to know your rating of your overall experience with this health plan.

Using any number on a scale from 0 to 10 where 0 is the worst health insurance plan possible, and 10 is the best health insurance plan possible. How would you rate this health insurance plan now?

Rating:

A27. Is this health plan the same one that you/the policy holder had 12 months ago?

☐ YES

**[ ] NO (GO TO QUESTION A28d)**

A28. Are the benefits from this health plan better, about the same, or worse than 12 months ago?

[ ] BETTER

[ ] ABOUT THE SAME

[ ] WORSE

A28a. Premiums are payments that cover the cost of health insurance. Is the premium, or cost, of the health plan for you/your family more than, about the same, or less than the cost 12 months ago?

[ ] MORE

**[ ] ABOUT THE SAME (GO TO QUESTION A29)**

**[ ] LESS (GO TO QUESTION A28c)**

A28b. Has this increase in the premium or cost been very difficult, somewhat difficult, or not difficult at all for you/your family to pay?

[ ] VERY DIFFICULT

[ ] SOMEWHAT DIFFICULT

[ ] NOT DIFFICULT AT ALL

A28c. About how much per week, month or year did you/your family/the policy holder pay for this health plan 12 months ago?

\$\_\_\_\_\_ PER ≡      [    ] WEEK  
                                  [    ] MONTH      **[GO TO QUESTION A29]**  
 [    ] DON'T KNOW      [    ] YEAR

A28d. Are the benefits from the current health plan better, about the same, or worse than the benefits from the health plan you/he/she had 12 months ago?

[ ] BETTER

- 44

- ☐ LESS THAN 1 MONTH
- ☐ 1-3 MONTHS
- ☐ 4-6 MONTHS
- ☐ 7-12 MONTHS
- ☐ MORE THAN 12 MONTHS
- ☐ DON'T KNOW

**[IF ALL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]**

A32. PERSON NUMBER:

A32. Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

- ☐ LESS THAN 1 MONTH
- ☐ 1-3 MONTHS
- ☐ 4-6 MONTHS
- ☐ 7-12 MONTHS
- ☐ MORE THAN 12 MONTHS
- ☐ DON'T KNOW

**[IF ALL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]**

A32b. PERSON NUMBER:

Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

- ☐ LESS THAN 1 MONTH
- ☐ 1-3 MONTHS
- ☐ 4-6 MONTHS
- ☐ 7-12 MONTHS
- ☐ MORE THAN 12 MONTHS
- ☐ DON'T KNOW

**[IF ALL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]**

A32d. PERSON NUMBER:

Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

- ☐ LESS THAN 1 MONTH
- ☐ 1-3 MONTHS
- ☐ 4-6 MONTHS
- ☐ 7-12 MONTHS
- ☐ MORE THAN 12 MONTHS
- ☐ DON'T KNOW

**[IF ALL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]**

A32f. PERSON NUMBER:

Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

- ☐ LESS THAN 1 MONTH
- ☐ 1-3 MONTHS
- ☐ 4-6 MONTHS
- ☐ 7-12 MONTHS
- ☐ MORE THAN 12 MONTHS
- ☐ DON'T KNOW

**[IF ALL PERSONS MENTIONED IN A30a ACCOUNTED FOR, GO TO QUESTION A33a]**

A32h. PERSON NUMBER:

Was the [age] old [gender] uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, 7 to 12 months, or more than 12 months?

- ☐ LESS THAN 1 MONTH
- ☐ 1-3 MONTHS
- ☐ 4-6 MONTHS
- ☐ 7-12 MONTHS
- ☐ MORE THAN 12 MONTHS
- ☐ DON'T KNOW

**[For each person mentioned in A29a., ask the following:]**

A33a. PERSON NUMBER:

A33b. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] have been without health insurance?

NUMBER OF TIMES:

**[IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN MEMBER]**

A33c. PERSON NUMBER:

A33d. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] been without health insurance?

NUMBER OF TIMES:

**[IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN MEMBER]**

A33e. PERSON NUMBER:

A33f. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] have been without health insurance?

NUMBER OF TIMES:

**[IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN MEMBER]**

A34a. PERSON NUMBER:

A34b. Some people have periods of time when they are insured and periods of time when they have no insurance. In the last three years, how many times have you/the [age] old [gender] have been without health insurance?

NUMBER OF TIMES: \_\_\_\_\_

**[IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN MEMBER]**

A34c. PERSON NUMBER:

A34d. Some people have periods of time when they are insured and periods of time when they have no insurance. In the past three years, how many times have you/the [age] old [gender] have been without health insurance?

NUMBER OF TIMES:

**[IF ALL PERSONS MENTIONED IN A29a. ACCOUNTED FOR, GO TO RANDOM SELECTION OF PLAN MEMBER]**

A34e. PERSON NUMBER:

A34f. Some people have periods of time when they are insured and periods of time when they have no insurance. In the past three years, how many times have you/the [age] old [gender] have been without health insurance?

NUMBER OF TIMES:

## RANDOM SELECTION OF PLAN MEMBER

**CIRCLE NUMBER OF PERSONS 18 OR OVER COVERED BY SELECTED PLAN IN LEFT HAND VERTICAL COLUMN BELOW; IF 0, GO TO CINS CHECK**

**CIRCLE KISH TABLE INSURED ADULT NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW**

**PLACE FINGER ON CIRCLED NUMBER OF PERSONS IN LEFT HAND VERTICAL COLUMN, GO RIGHT UNTIL YOU COME TO COLUMN WHICH HAS CIRCLED KISH TABLE INSURED ADULT NUMBER, CIRCLE SELECTED ADULT INSIDE TABLE.**

**ENTER PERSON NUMBER OF ADULT SELECTED ON FLAP**

| NUMBER OF PERSONS COVERED BY SELECTED PLAN | KISH TABLE INSURED ADULT NUMBER (FROM LABEL)   |   |   |   |   |   |   |   |   |    |    |    |
|--|--|---|---|---|---|---|---|---|---|----|----|----|
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  | INTERVIEW THE NTH OLDEST ADULT COVERED BY PLAN |   |   |   |   |   |   |   |   |    |    |    |
| 1  | 1  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1  | 1  |
| 2  | 1  | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2  | 2  | 2  |
| 3  | 1  | 1 | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2  | 3  | 3  |
| 4  | 1  | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 2 | 3  | 4  | 4  |
| 5  | 1  | 2 | 3 | 4 | 3 | 5 | 1 | 2 | 3 | 4  | 5  | 5  |
| 6 OR MORE                                  | 1  | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4  | 5  | 6  |

## II. Health Service Utilization

**Next I have a few questions about use of health care services. I'd like you to answer each of these questions about yourself/the [age] year old [gender].**

A35. In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse or other health care professional?

[ ] YES

[ ] NO (GO TO QUESTION A37A)

A36. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive this care?

[ ] ALWAYS (GO TO QUESTION A37A)

[ ] USUALLY

[ ] SOMETIMES

[ ] NEVER



A37. When medical care was not received, was cost of care a big reason, a small reason, or not a reason at all?

[ ☐ ] BIG REASON

[ ☐ ] SMALL REASON

[ ☐ ] NOT A REASON AT ALL

A37a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?

NUMBER OF VISITS

A37b. During the last 12 months, including treatment for substance abuse, how many times have you he/she received mental health services?

NUMBER OF TREATMENTS

A38. During the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF VISITS

A39. (Not including giving birth) In the past 12 months, have you/has this person been a patient overnight in a hospital?

[ ☐ ] YES

[ ☐ ] NO

A40. (Not counting pregnancy, overnight stays in a hospital and excluding emergency room visits). In the past 12 months, about how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF VISITS

### **III. Health Status**

A41. (Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?

[ ☐ ] YES

[ ☐ ] NO (**GO TO QUESTION A44**)

A42. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: \_\_\_\_\_

A43. Have you/Has this person been taking prescription medicine for at least 3 months for any of these conditions?

[ ☐ ] YES

[ ☐ ] NO

A44. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

[ ☐ ] YES

[ ☐ ] NO (**GO TO QUESTION A46**)

A45. What condition is that?

[Probe: Anything else?]

**[CINS CHECK: IF CHILDREN UNDER 18 YEARS OLD ARE COVERED BY THIS POLICY, ASK FOLLOWING QUESTIONS ABOUT CHILD COVERED THAT WAS RANDOMLY SELECTED.]**

**ENTER PERSON NUMBER:**

**CHILD HEALTH SERVICE UTILIZATION (OF RANDOMLY SELECTED CHILD IN PLAN)**

Next, I have a few questions about the use of health care services by children under eighteen who are covered by this health insurance policy.

I'd like you to answer each of the following questions considering health care services used **only** by the **selected** child in this policy, the [age] year old [gender].

A47. In the last 12 months, was there ever a time when this child needed any type of medical care usually provided by a doctor, nurse or other medical care professional?

[ ☐ ] YES

[ ☐ ] NO (**GO TO A50**)

A48. When medical care was needed, did this child always, usually, sometimes, or never receive this care?

[ ☐ ] ALWAYS (**GO TO A50**)

[ ☐ ] USUALLY

[ ☐ ] SOMETIMES

[ ☐ ] NEVER

A49. When medical care was not received, was cost of care a big reason, a small reason, or not a reason at all?

[ ☐ ] A BIG REASON

[ ☐ ] A SMALL REASON

[ ☐ ] NOT A REASON AT ALL

A49a. During the last 12 months, how many times did this child see a dentist or dental hygienist?

NUMBER OF VISITS:

A49b. During the last 12 months, including treatment for substance abuse, how many times did this child receive mental health services?

NUMBER OF TREATMENTS:

A50. In the past 12 months, how many times has this child received care in a hospital emergency room?

NUMBER OF VISITS

A51. (Not including giving birth) In the past 12 months, has this child been a patient overnight in a hospital?

[ ☐ ] YES

[ ☐ ] NO

A52. (Not counting pregnancy, overnight stays in a hospital and excluding emergency room visits). In the past 12 months, about how many times did this child make visits to a doctor's office for medical treatment?

NUMBER OF VISITS

**Health Status**

A53. (Not counting pregnancy,) does this child now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?

☐ YES

☐ NO (**GO TO A56**)

A54. In the last 12 months, how many times has this child seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES \_\_\_\_\_

A55. Has this child been taking prescription medicine for at least 3 months for any of these conditions?

☐ YES

☐ NO

A56. Has a doctor or other medical care giver ever diagnosed this child with any medical condition or disability that currently limits them in their everyday activities?

☐ YES

☐ NO (**GO TO A58**)

A57. What condition is that? (Probe: Anything Else?)

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### ADDITIONAL PLAN INFORMATION

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A59. You said there were other health insurance plans in the household. I'm going to ask you a few more questions about those other plans.

**[START WITH THE NEXT PERSON ON THE HOUSEHOLD ROSTER WHO IS IN A HEALTH PLAN OTHER THAN THE RANDOMLY SELECTED PLAN]**

First let me ask you about the health insurance plan which covers you/the [age] year old [gender].

A59a1. What is the name of the insurance company or HMO with whom the [age] year old [gender] has insurance?

COMPANY NAME:

Is this health insurance obtained through someone's employment?

- ☐ YES (**GO TO CHECK**)  
☐ NO  
☐ DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

|   | YES                      | NO                       |                     |
|---|--------------------------|--------------------------|---------------------|
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |
| B. A MassHealth or Medicaid sponsored program or HMO such as these offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC Health Net, or Network Health? | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |
| C. Medicare?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |
| D. Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |
| E. Purchasing it directly from an insurance company or insurance agent?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |
| F. A group such as a labor union, professional association or other group?<br> <br>What group is that?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |
| G. Some other method?<br> What is that?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO CHK) |

**[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP IF ALL PLANS COMPLETED, THEN GO TO NEXT NEEDED SECTION]**

A59i. [INTERVIEWER CHECK: WE NEED TO ASK QUESTIONS ABOUT THE INSURANCE STATUS OF ALL PERSONS IN THE HOUSEHOLD (INCLUDING KIDS). HAS INSURANCE INFORMATION BEEN OBTAINED ABOUT ALL PLANS IN THE HOUSEHOLD?]

[ ] YES (**GO TO NEXT NEEDED SECTION**)

[ ] NO

A60. Now let me ask you about the health insurance plan which covers you/the [age] year old [gender].

What is the name of the insurance company or HMO with whom the [age] year old [gender] has insurance?

COMPANY NAME:

A60a1. Is this health insurance obtained through someone's employment?

[ ] YES (**GO TO CHECK**)

[ ] NO

[ ] DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

|  | YES | NO  |                     |
|--|-----|-----|---------------------|
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | [ ] | [ ] | (IF YES, GO TO CHK) |
| B. A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health? | [ ] | [ ] | (IF YES, GO TO CHK) |
| C. Medicare?   | [ ] | [ ] | (IF YES, GO TO CHK) |
| D. Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | [ ] | [ ] | (IF YES, GO TO CHK) |
| E. Purchasing it directly from an insurance company or insurance agent?  | [ ] | [ ] | (IF YES, GO TO CHK) |
| F. A group such as a labor union, professional association or other group?  <br>What group is that?  | [ ] | [ ] | (IF YES, GO TO CHK) |
| G. Some other method?  <br>What is that?   | [ ] | [ ] | (IF YES, GO TO CHK) |

**[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP IF ALL PLANS COMPLETED, THEN GO TO NEXT NEEDED SECTION]**

A60i. [INTERVIEWER CHECK: WE NEED TO ASK QUESTIONS ABOUT THE INSURANCE STATUS OF ALL PERSONS IN THE HOUSEHOLD (INCLUDING KIDS). HAS INSURANCE INFORMATION BEEN OBTAINED ABOUT ALL PLANS IN THE HOUSEHOLD?]

[ ] YES (**GO TO CHECK**)

[ ] NO

Now let me ask you about the health insurance plan which covers you/the [age] year old [gender].

A61. What is the name of the insurance company or HMO with whom the [age] year old [gender] has insurance?

COMPANY NAME:

A61a1. Is this health insurance obtained through someone's employment?

- [ ] YES (**GO TO QUESTION CHECK.**)  
 [ ] NO  
 [ ] DON'T KNOW

There are many different ways in which health insurance can be obtained. I am going to list several ways and would like you to tell me which one best describes how this insurance is obtained.

Is this health insurance obtained through...

|  | YES | NO  |                     |
|--|-----|-----|---------------------|
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | [ ] | [ ] | (IF YES, GO TO CHK) |
| B. A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as these offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health? | [ ] | [ ] | (IF YES, GO TO CHK) |
| C. Medicare?   | [ ] | [ ] | (IF YES, GO TO CHK) |
| D. Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | [ ] | [ ] | (IF YES, GO TO CHK) |
| E. Purchasing it directly from an insurance company or insurance agent?  | [ ] | [ ] | (IF YES, GO TO CHK) |
| F. A group such as a labor union, professional association or other group?  <br>What group is that?  | [ ] | [ ] | (IF YES, GO TO CHK) |
| G. Some other method?<br> What is that?  | [ ] | [ ] | (IF YES, GO TO CHK) |

**[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR INSURED SECTION ON FLAP IF ALL PLANS COMPLETED, THEN GO TO NEXT NEEDED SECTION]**

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# Survey of Insurance Status - 2004 Uninsured Module

Conducted by

The Center for Survey Research  
University of Massachusetts - Boston

for

Massachusetts Division of Health Care Finance and Policy

C830

February 2004

## UNINSURED SECTION #1

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**[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR EACH UNINSURED PERSON 18 OR OVER, AND IF CHILDREN UNDER 18 ARE UNINSURED, FOR THE RANDOMLY SELECTED UNINSURED CHILD]**

### **Employment and Insurance**

B1. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]

B1a. [INTERVIEWER CHECK: IF NO ADULTS IN HOUSEHOLD UNINSURED, BUT CHILD UNDER 18 UNINSURED, GO TO UNINSURED CHILD SECTION].

B1b. The following questions concern anyone in your household who is currently uninsured. I'd like to begin by asking you about yourself/the [age] year old [gender].

ENTER PERSON NUMBER:

B2. **[IF EMPLOYED; GO TO QUESTION B3]**

In what month and year did you/did he/she last work at a job for pay?

MONTH:

YEAR:

[ ] NEVER WORKED

B2A. Do you/Does he/she currently want a job, either full or part time?

[ ] YES OR MAYBE, IT DEPENDS

[ ] NO

[ ] RETIRED

[ ] DISABLED

[ ] UNABLE TO WORK

[ ] DON'T KNOW

B2B. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

[ ] LOOKING FOR WORK

[ ] DISABLED

[ ] RETIRED

[ ] ILL

[ ] IN SCHOOL

[ ] TAKING CARE OF A HOUSE OR FAMILY

[ ] SOMETHING ELSE|

B2c. What is that?



- B2d. At any time in the past 12 months, did you/he/she receive unemployment insurance?
- [ ] YES  
[ ] NO  
[ ] DON'T KNOW
- B3. Are you/Is he/she self-employed, working for someone else, or both?
- [ ] SELF-EMPLOYED(GO TO B6)  
[ ] WORKING FOR SOMEONE ELSE  
[ ] BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED
- B3a. Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?
- [ ] PRIVATE EMPLOYER  
[ ] STATE/LOCAL/MUNICIPAL GOVERNMENT  
[ ] FEDERAL GOVERNMENT  
[ ] SOMEONE ELSE: Who is that?
- B4. (Excluding self employment) Do you/Does he/she currently have more than one employer?
- [ ] YES  
[ ] NO
- B5. **[IF B4=NO THEN GO TO B6]**  
Do you/Does he/she usually work at least 35 hours per week for any **one** employer?
- [ ] YES  
[ ] NO
- B6. (Considering all the jobs you have/he has/she has/ right now, including self-employment,) how many hours per week do you/does he/she usually work?
- NUMBER OF HOURS:
- B6a1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?
- [ ] YES  
[ ] NO (GO TO QUESTION B6d)  
[ ] DON'T KNOW (GO TO QUESTION B6d)
- B6a2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?
- [ ] YES  
[ ] NO (GO TO QUESTION B6a6)  
[ ] DON'T KNOW (GO TO B6d)
- B6a3. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?
- [ ] JUST SELF  
[ ] FAMILY  
[ ] DON'T KNOW
- B6a4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |
| d. Is health insurance not needed because everyone who would be covered is healthy?                | [ ]        | [ ]       | [ ]                   |
| e. Is health insurance not needed because you can get health care for free?                        | [ ]        | [ ]       | [ ]                   |

B6a5. Is there any other reason you do/he does/she does not get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION B6d]

B6a6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|---|------------|-----------|-----------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | [ ]        | [ ]       | [ ]                   |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]                   |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]                   |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]                   |

B6a7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

---



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[GO TO QUESTION B6d]

B6d. IF MORE THAN ONE EMPLOYER (B4) AND ELIGIBLE FOR INSURANCE (B6a.) READ:

Please answer the following questions about the company through which you are/this person is eligible for health insurance coverage.

IF MORE THAN ONE EMPLOYER (B4) AND NOT ELIGIBLE FOR INSURANCE (B6a) READ:

Please answer the following questions about your/this person's main employer.

OTHERWISE GO TO B7

- B7. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499     |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999     |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1,000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW    |
- B7a. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?
- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499    |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999    |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW   |
- B8. What kind of industry is this? [Probe: What do they do or make?]
- B9. What kind of work do you/does he/she do; that is, what is your/his/her occupation? [Probe: What are your/his/her duties or responsibilities?]
- B10. Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?
- |  |
|--|
| <input type="checkbox"/> LESS THAN 1 YEAR  |
| <input type="checkbox"/> 1-5 YEARS         |
| <input type="checkbox"/> MORE THAN 5 YEARS |
| <input type="checkbox"/> DON'T KNOW        |
- B11. Have you/Has this person ever had health insurance or been in a program that helped pay for medical costs?
- |  |
|--|
| <input type="checkbox"/> YES                               |
| <input type="checkbox"/> NO ( <b>GO TO QUESTION B12a</b> ) |
- B12. In what year did you/this person last have some kind of health care coverage?
- YEAR: \_\_\_\_\_ (**GO TO B13**)
- ☐ NEVER (**GO TO B12a**)
- B12a. Have you/this person ever tried to get health insurance coverage?
- |  |
|--|
| <input type="checkbox"/> YES ( <b>GO TO QUESTION B20</b> ) |
| <input type="checkbox"/> NO ( <b>GO TO QUESTION B20</b> )  |
- B13. About what month did you/this person last have some kind of health care coverage?
- MONTH:
- [IF B12 IS LESS THAN 2003, GO TO B14]**
- B13a. Over the past 12 months, were you/was this person uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, or 7 to 12 months?
- |                                      |
|--------------------------------------|
| <input type="checkbox"/> < 1 MONTH   |
| <input type="checkbox"/> 1-3 MONTHS  |
| <input type="checkbox"/> 4-6 MONTHS  |
| <input type="checkbox"/> 7-12 MONTHS |
| <input type="checkbox"/> DON'T KNOW  |

B14. When you/this person last had health care coverage, was it obtained through an employer?

[ ] YES (**GO TO B16a1**)

[ ] NO

B15. Was this health insurance obtained through... (READ FOR EACH CATEGORY)

|   | YES | NO  |                      |
|---|-----|-----|----------------------|
| A.MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | [ ] | [ ] | (IF YES, GO TO B16)  |
| B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC Health Net, Network Health? | [ ] | [ ] | (IF YES, GO TO B16)  |
| C.Medicare?   | [ ] | [ ] | (IF YES, GO TO B16a) |
| D.Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | [ ] | [ ] | (IF YES, GO TO B16a) |
| E.Purchasing it directly from an insurance company or insurance agent.  | [ ] | [ ] | (IF YES, GO TO B16a) |
| F.A group such as a labor union, professional association or other group  <br>NAME?   | [ ] | [ ] | (IF YES, GO TO B16a) |
| G.Some other method<br> SPECIFY?  | [ ] | [ ] | (GO TO B16a)         |

B16. What was the month and year of the most recent enrollment to Medicaid, or MassHealth for this health insurance coverage?

MONTH:

YEAR: \_\_\_\_\_ [**GO TO B16a**]

B16a. What was the name of the company or HMO with whom you/this person had this health insurance?

COMPANY NAME:

B19. What change in situation happened so you/this person no longer had health care coverage?

[**IF YES TO B15A, GO TO B19a**]

B19a1. At any time during the last 12 months, have you/this person been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

**[If person last had insurance prior to 2001, (from B12) go to B20]**

B19a. Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

- ☐ OTHER TIMES
- ☐ ONLY TIME (**GO TO QUESTION B20**)

B19b. Within the last 3 years, how many other periods of time were there in which you/this person did not have health insurance?

NUMBER OF TIMES:

B20. We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?

YEAR: \_\_\_\_\_ (**IF 2002 OR EARLIER, GO TO B22**)

B21. In what month was that?

MONTH:

B22. [IF "NEVER" HAD HEALTH INSURANCE (B12), GO TO QUESTION B23] Was that before or after you/this person stopped having any kind of health care coverage?

- ☐ BEFORE (**GO TO B25a**)
- ☐ AFTER

B23. Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

- ☐ DOCTOR'S OFFICE
- ☐ CLINIC
- ☐ EMERGENCY ROOM
- ☐ PATIENT IN HOSPITAL
- ☐ SOMEPLACE ELSE: Where was that?

B24. To the best of your knowledge did you/this person pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

- ☐ PAID OUT OF POCKET
- ☐ PROVIDED FOR FREE: Where did they receive this care?
- ☐ PAID BY SOME OTHER MANNER: How was it paid for?

|   |   |   |   |
|---|---|---|---|
| B25. Have you ever heard about...<br><br>(READ FOR ALL)   |   | B26. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by... |   |
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth? | <input type="checkbox"/> Yes ->               | <input type="checkbox"/> Yes ->   | B27a. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|   | <input type="checkbox"/> No<br>(SKIP TO B25b) | <input type="checkbox"/> No ->  | B28a. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   |   | <input type="checkbox"/> DON'T KNOW (SKIP TO B25b)  |   |
| B. A program called FreeCare?                             | <input type="checkbox"/> Yes ->               | IF 18+ YEARS GO TO B25C<br><input type="checkbox"/> Yes ->  | B27b. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|   | <input type="checkbox"/> No<br>(SKIP TO B25c) | <input type="checkbox"/> No ->  | B28b. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   |   | <input type="checkbox"/> DON'T KNOW (SKIP TO B25c)  |   |
| C. The Medical Security Plan or MSP?                      | <input type="checkbox"/> Yes ->               | IF MALE GO TO B25D<br><input type="checkbox"/> Yes ->   | B27e. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|   | <input type="checkbox"/> No<br>(SKIP TO B29)  | <input type="checkbox"/> No ->  | B28e. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   |   | <input type="checkbox"/> DON'T KNOW (SKIP TO B29)   |   |

B29. If low-cost health care were made available, would you/your family/this person be able to pay anything at all to get health care coverage?

- ☐ YES  
☐ NO (**GO TO B31a**)  
☐ DON'T KNOW (**GO TO B31a**)

B30. What is the most you think you/your family/this person would be willing and able to pay each month for health care coverage?

\$\_\_\_\_\_ PER MONTH

☐ DON'T KNOW

## II. Health Service Utilization

**I have a few questions about your/the [age] year old [gender] use of health care services.**

B31. In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse, or other health care professional?

- ☐ YES
- ☐ NO (**GO TO B34**)

B32. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive this care?

- ☐ ALWAYS (**GO TO B34**)
- ☐ USUALLY
- ☐ SOMETIMES
- ☐ NEVER

B33. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

- ☐ BIG REASON
- ☐ SMALL REASON
- ☐ NOT A REASON AT ALL

B34. In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF TIMES: \_\_\_\_\_ (**IF 0, GO TO B36**)

B35. When you/this person made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
- ☐ PROVIDED FOR FREE:      Where did they receive this care?
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

B36. (Not including giving birth) In the past 12 months, have you/has this person been a patient overnight in a hospital?

- ☐ YES
- ☐ NO (**GO TO B38**)

B37. When you were/this person was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
- ☐ PROVIDED FOR FREE:      Where did they receive this care?
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

B38. (Not counting all pregnancy, overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: \_\_\_\_\_ (IF 0 GO TO B40)

[ ] DON'T KNOW

B39. To the best of your knowledge were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B40. In the past 12 months were you/was this person prescribed medication by a doctor?

[ ] YES

[ ] NO (GO TO QUESTION B42a)

B41. Did you fill all, most, some, or none of these prescriptions?

[ ] ALL

[ ] MOST

[ ] SOME

[ ] NONE (GO TO QUESTION B42a)

B42. To the best of your knowledge, were these prescriptions usually paid by you or your family/this person out of pocket, where they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B42a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?

NUMBER OF VISITS \_\_\_\_\_ (IF 0 GO TO B42c)

B42b. When you/this person made dental visits, to the best of your knowledge, were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B42c. During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?

NUMBER OF TREATMENTS \_\_\_\_\_ (IF 0 GO TO B43)

B42d. When you/this person received mental health services, to the best of your knowledge, were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?



[     ] PAID IN SOME OTHER MANNER: How was it paid for?

## **II. Health Status**

**I just have a few more questions about your/their health status.**

B43. (Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?

[     ] YES

[     ] NO (**GO TO B46**)

B44. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES:

B45. Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?

[     ] YES

[     ] NO

B46. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

[     ] YES

[     ] NO (**GO TO B48**)

B47. What condition is that? [Probe: Anything else?]

**[INTERVIEWER CHECK: IF MORE UNINSURED ADULTS IN HOUSEHOLD, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.]**

**IF ALL UNINSURED ADULTS COMPLETED, CHECK ‘COMPLETED’ FOR UNINSURED ADULT SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]**

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## UNINSURED SECTION #2

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**[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE 2<sup>nd</sup> UNINSURED PERSON 18 OR OVER]**

### **Employment and Insurance**

B100. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]

B102. The following questions concern others in your household who are currently uninsured. I'd like to continue by asking you about yourself/the [age] year old [gender].

ENTER PERSON NUMBER:

B104. **[IF EMPLOYED; GO TO QUESTION B106]** In what month and year did you/did he/she last work at a job for pay?

MONTH:

YEAR:

[ ] NEVER WORKED

B104a Do you/Does he/she currently want a job, either full or part time?

[ ] YES OR MAYBE, IT DEPENDS

[ ] NO

[ ] RETIRED

[ ] DISABLED

[ ] UNABLE TO WORK

[ ] DON'T KNOW

B104b. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

[ ] LOOKING FOR WORK

[ ] DISABLED

[ ] RETIRED

[ ] ILL

[ ] IN SCHOOL

[ ] TAKING CARE OF A HOUSE OR FAMILY

[ ] SOMETHING ELSE|

B104c. What is that?

B104d. At any time in the past 12months, did you/he/she receive unemployment insurance?

[ ] YES

[ ] NO

[ ] DON'T KNOW

B106. You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or both?

[ ] SELF EMPLOYED (**GO TO B112**)

[ ] WORKING FOR SOMEONE ELSE

[ ] WORKING FOR AN EMPLOYER AND SELF EMPLOYED

B106a. Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- [ ] PRIVATE EMPLOYER
- [ ] STATE/LOCAL/MUNICIPAL GOVERNMENT
- [ ] FEDERAL GOVERNMENT
- [ ] SOMEONE ELSE: Who is that?

B108. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- [ ] YES
- [ ] NO

B110. **[IF B108=NO THEN GO TO B112]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- [ ] YES
- [ ] NO

B112. (Considering all the jobs you have/he/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?

NUMBER OF HOURS:

B114a1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- [ ] YES
- [ ] NO (GO TO QUESTION B120)
- [ ] DON'T KNOW (GO TO QUESTION B120)

B114a2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- [ ] YES
- [ ] NO (GO TO QUESTION B114a6)
- [ ] DON'T KNOW (GO TO B120)

B114a2. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- [ ] JUST SELF
- [ ] FAMILY
- [ ] DON'T KNOW

B114a4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |
| d. Is health insurance not needed because everyone who would be covered is healthy?                | [ ]        | [ ]       | [ ]                   |
| e. Is health insurance not needed because you can get health care for free?                        | [ ]        | [ ]       | [ ]                   |

B114a5. Is there any other reason you do/he does/she does not get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

---

[GO TO QUESTION B120]

B114a6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health

|   | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|---|------------|-----------|-----------------------|
| a.. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?              | [ ]        | [ ]       | [ ]                   |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]                   |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]                   |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]                   |

B114a7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION B120]

B120. IF MORE THAN ONE EMPLOYER (B108) AND ELIGIBLE FOR INSURANCE (B114) READ:  
Please answer the following questions about the company through which you are/this person is eligible for health insurance coverage.

IF MORE THAN ONE EMPLOYER (B108) AND NOT ELIGIBLE FOR INSURANCE (B114) READ:  
Please answer the following questions about your/this person's main employer.

OTHERWISE GO TO B124

B124. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499     |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999     |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1,000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW    |

B124a. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499    |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999    |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW   |

B126. What kind of industry is this? [Probe: What do they do or make?]

B128. What kind of work do you/does he/she do; that is what is your/his/her occupation? [Probe: What were your/his/her duties or responsibilities?]

B130. Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?

- ☐ LESS THAN 1 YEAR  
☐ 1-5 YEARS  
☐ MORE THAN 5 YEARS  
☐ DON'T KNOW

B132. Have you/Has this person ever had health insurance or been in a program that helped pay for medical costs?

- ☐ YES  
☐ NO (**GO TO QUESTION B135**)

B134. In what year did you/this person last have some kind of health care coverage?

YEAR: \_\_\_\_\_ (**GO TO B136**)

- ☐ NEVER (**GO TO B135**)

B135. Have you/this person ever tried to get health insurance coverage?

- ☐ YES (**GO TO QUESTION B150**)  
☐ NO (**GO TO QUESTION B150**)

B136. About what month did you/this person last have some kind of health care coverage?

MONTH:

**[IF B134 IS LESS THAN 2003, GO TO B138]**

B136a. Over the past 12 months, were you/was this person uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, or 7 to 12 months?

- [ ] < 1 MONTH  
[ ] 1-3 MONTHS  
[ ] 4-6 MONTHS  
[ ] 7-12 MONTHS  
[ ] DON'T KNOW

B138. When you/this person last had health care coverage, was it obtained through an employer?

- [ ] YES (**GO TO B140a**)  
[ ] NO

B139. Was this health insurance obtained through...

|   | YES | NO  |                      |
|---|-----|-----|----------------------|
| A.MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | [ ] | [ ] | (IF YES, GO TO B140) |
| B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health? | [ ] | [ ] | (IF YES, GO TO B140) |
| C.Medicare?   | [ ] | [ ] | (IF YES, GO TO B141) |
| D.Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | [ ] | [ ] | (IF YES, GO TO B141) |
| E.Purchasing it directly from an insurance company or insurance agent.  | [ ] | [ ] | (IF YES, GO TO B141) |
| F.A group such as a labor union, professional association or other group  <br>What group was that?  | [ ] | [ ] | (IF YES, GO TO B141) |
| G.Some other method<br> What was that?  | [ ] | [ ] | (GO TO B141)         |

B140. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH:

YEAR: \_\_\_\_\_ **[GO TO B141]**

B141. What was the name of the health insurance company or HMO with whom you had this health insurance?

COMPANY NAME:

B142. What change in situation happened so you/this person no longer had health care coverage?

**[IF YES TO B139A, GO TO B149]**

B143. At any time during the last 12 months, have you/this person been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health?

☐ YES

☐ NO

☐ DON'T KNOW

**[IF PERSON LAST HAD INSURANCE PRIOR TO 2001 (FROM B134) GO TO B150]**

B149. Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

☐ OTHER TIMES

☐ ONLY TIME **(GO TO QUESTION B150)**

B149a. Within the last 3 years, how many other periods of time were there in which you/this person did not have health insurance?

NUMBER OF TIMES:

B150. We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?

YEAR: \_\_\_\_\_ **(IF 2002 OR EARLIER, GO TO B154)**

B152. In what month was that?

MONTH:

B154. **[IF "NEVER" HAD HEALTH INSURANCE (B134), GO TO QUESTION B156]** Was that before or after you/this person stopped having any kind of health care coverage?

☐ BEFORE **(GO TO B160a)**

☐ AFTER

B156. Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

☐ DOCTOR'S OFFICE

☐ CLINIC

☐ EMERGENCY ROOM

☐ PATIENT IN HOSPITAL

☐ SOMEPLACE ELSE: Where was that?

B158. To the best of your knowledge, did you/this person pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

☐ PAID OUT OF POCKET

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID BY SOME OTHER MANNER: How was it paid for?

|   |   |  |  |
|---|---|--|--|
| B160. Have you ever heard about...                        |   | B162. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by... |  |
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth? | <input type="checkbox"/> Yes ->             | <input type="checkbox"/> Yes ->  | B164a. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|   | <input type="checkbox"/> No (SKIP TO B160b) | <input type="checkbox"/> No ->   | B166a. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   |   | <input type="checkbox"/> DON'T KNOW (SKIP TO B160b)  |  |
| B. A program called FreeCare?                             | <input type="checkbox"/> Yes ->             | IF 18+ YEARS GO TO B160C<br><input type="checkbox"/> Yes ->  | B164b. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|   | <input type="checkbox"/> No (SKIP TO B160c) | <input type="checkbox"/> No ->   | B166b. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   |   | <input type="checkbox"/> DON'T KNOW (SKIP TO B160c)  |  |
| C. The Medical Security Plan or MSP?                      | <input type="checkbox"/> Yes ->             | IF MALE GO TO B160D<br><input type="checkbox"/> Yes ->   | B164e. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|   | <input type="checkbox"/> No (SKIP TO B216)  | <input type="checkbox"/> No ->   | B166e. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   |   | <input type="checkbox"/> DON'T KNOW (SKIP TO B216)   |  |

B216. If low-cost health care were made available, would you/your family/this person be able to pay anything at all to get health care coverage?

- ☐ YES  
☐ NO (**GO TO B219a**)  
☐ DON'T KNOW (**GO TO B219a**)

B218. What is the most you think you/your family/this person would be willing and able to pay each month for health care coverage?

\$ \_\_\_\_\_ PER MONTH



[ ] DON'T KNOW

## II. Health Service Utilization

**I have a few questions about your/the [age] year old [gender] use of health care services.**

B220. In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse, or other health care professional?

- ☐ YES
- ☐ NO (**GO TO B226**)

B222. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive it?

- ☐ ALWAYS (**GO TO B226**)
- ☐ USUALLY
- ☐ SOMETIMES
- ☐ NEVER

B224. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

- ☐ BIG REASON
- ☐ SMALL REASON
- ☐ NOT A REASON AT ALL

B226. In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF TIMES: \_\_\_\_\_ **[IF 0, GO TO B230]**

B228. When you/this person made hospital emergency room visits, to the best of your knowledge, were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
- ☐ PROVIDED FOR FREE: Where did they receive this care?
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

B230. (Not including giving birth) In the past 12 months, have you/this person been a patient overnight in a hospital?

- ☐ YES
- ☐ NO (**GO TO B234**)

B232. When you were/this person was a patient overnight in a hospital, to the best of your knowledge, was the hospital stay usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON
- ☐ PROVIDED FOR FREE: Where did they receive this care?
- ☐ PAID IN SOME OTHER MANNER: How was it paid for?

B234. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: \_\_\_\_\_ **(IF 0 GO TO B238)**

- ☐ DON'T KNOW

- B236. To the best of your knowledge, were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
- [    ] PAID BY YOU/FAMILY/THAT PERSON  
[    ] PROVIDED FOR FREE:   Where did they receive this care?  
[    ] PAID IN SOME OTHER MANNER: How was it paid for?
- B238. In the past 12 months were you/was this person prescribed medication by a doctor?
- [    ] YES  
[    ] NO (**GO TO QUESTION B242a**)
- B240. Did you fill all, most, some, or none of these prescriptions?
- [    ] ALL  
[    ] MOST  
[    ] SOME  
[    ] NONE (**GO TO QUESTION B242a**)
- B242. To the best of your knowledge, were these prescriptions usually paid by you or your family/this person out of pocket, where they provided for free, or were they paid for in some other manner?
- [    ] PAID BY YOU/FAMILY/THAT PERSON  
[    ] PROVIDED FOR FREE:   Where did they receive this care?  
[    ] PAID IN SOME OTHER MANNER: How was it paid for?
- B242a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?
- NUMBER OF VISITS \_\_\_\_\_ (**IF 0 GO TO B242c**)
- B242b. When you/this person made dental visits, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
- [    ] PAID BY YOU/FAMILY/THAT PERSON  
[    ] PROVIDED FOR FREE: Where did they receive this care?  
[    ] PAID IN SOME OTHER MANNER: How was it paid for?
- B242c. During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?
- NUMBER OF TREATMENTS \_\_\_\_\_ (**IF 0 GO TO B244**)
- B242d. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?
- [    ] PAID BY YOU/FAMILY/THAT PERSON  
[    ] PROVIDED FOR FREE: Where did they receive this care?  
[    ] PAID IN SOME OTHER MANNER: How was it paid for?

B242d. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[     ] PAID BY YOU/FAMILY/THAT PERSON

[     ] PROVIDED FOR FREE: Where did they receive this care?

[     ] PAID IN SOME OTHER MANNER: How was it paid for?

## **II. Health Status**

**I just have a few more questions about your/their health status.**

B244. (Not counting pregnancy) do you/does this person now have any medical conditions , including mental health conditions, that have lasted for at least 3 months?

[     ] YES

[     ] NO (**GO TO B250**)

B246. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES:

B248. Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?

[     ] YES

[     ] NO

B250. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

[     ] YES

[     ] NO (**GO TO B254**)

B252. What condition is that? [Probe: Anything else?]

**[INTERVIEWER CHECK: IF THERE ARE MORE UNINSURED ADULTS, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.**

**IF ALL UNINSURED ADULTS COMPLETED, CHECK ‘COMPLETED’ FOR UNINSURED ADULT SECTION ON FLAP AND CHECK FLAP FOR NEXT NEEDED SECTION]**

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### UNINSURED SECTION #3

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**[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE 3<sup>rd</sup> UNINSURED PERSON 18 OR OVER]**

#### **Employment and Insurance**

B300. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]

B302. The following questions concern others in your household who are currently uninsured. I'd like to continue by asking you about yourself/the [age] year old [gender].

ENTER PERSON NUMBER:

B304. **[IF EMPLOYED; GO TO QUESTION B306]**

In what month and year did you/did he/she last work at a job for pay?

MONTH:

YEAR:

[ ] NEVER WORKED

B304a Do you/Does he/she currently want a job, either full or part time?

[ ] YES OR MAYBE, IT DEPENDS

[ ] NO

[ ] RETIRED

[ ] DISABLED

[ ] UNABLE TO WORK

[ ] DON'T KNOW

B304b. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

[ ] LOOKING FOR WORK

[ ] DISABLED

[ ] RETIRED

[ ] ILL

[ ] IN SCHOOL

[ ] TAKING CARE OF A HOUSE OR FAMILY

[ ] SOMETHING ELSE|

B304c. What is that?

B304d. At any time in the past 12months, did you/he/she receive unemployment insurance?

[ ] YES

[ ] NO

[ ] DON'T KNOW

B306. You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or of both?

- ☐ SELF EMPLOYED(GO TO B312)
- ☐ WORKING FOR SOMEONE ELSE
- ☐ WORKING FOR AN EMPLOYER AND SELF EMPLOYED

B306a. Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER
- ☐ STATE/LOCAL/MUNICIPAL GOVERNMENT
- ☐ FEDERAL GOVERNMENT
- ☐ SOMEONE ELSE: Who is that?

B308. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
- ☐ NO

B310. **[IF B308=NO THEN GO TO B312]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
- ☐ NO

B312. (Considering all the jobs you have/he/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?

NUMBER OF HOURS:

B314a1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES
- ☐ NO (GO TO QUESTION B320)
- ☐ DON'T KNOW (GO TO QUESTION B320)

B314a2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- ☐ YES
- ☐ NO (GO TO QUESTION B314a6)
- ☐ DON'T KNOW (GO TO B320)

B314a3. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF
- ☐ FAMILY
- ☐ DON'T KNOW

B314a4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |
| d. Is health insurance not needed because everyone who would be covered is healthy?                | [ ]        | [ ]       | [ ]                   |
| e. Is health insurance not needed because you can get health care for free?                        | [ ]        | [ ]       | [ ]                   |

B314a5. Is there any other reason you do/he does/she does not get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

[GO TO QUESTION B320]

B314a6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|---|------------|-----------|-----------------------|
| a.. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?              | [ ]        | [ ]       | [ ]                   |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]                   |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]                   |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]                   |

B314a7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

[GO TO QUESTION B320]

B320. IF MORE THAN ONE EMPLOYER (B308) AND ELIGIBLE FOR INSURANCE (B314) READ:  
Please answer the following questions about the company through which you are/this person is eligible for health insurance coverage.

IF MORE THAN ONE EMPLOYER (B308) AND **NOT** ELIGIBLE FOR INSURANCE (B314) READ:  
Please answer the following questions about your/this person's main employer.

OTHERWISE GO TO B324

B324. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499     |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999     |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1,000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW    |

B324a. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499    |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999    |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW   |

B326. What kind of industry is this? [Probe: What do they do or make?]

B328. What kind of work do you/does he/she do; that is what is your/his/her occupation? [Probe: What were your/his/her duties or responsibilities?]

B330. Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?

- ☐ LESS THAN 1 YEAR  
☐ 1-5 YEARS  
☐ MORE THAN 5 YEARS  
☐ DON'T KNOW

B332. Have you/Has this person ever had health insurance or been in a program that helped pay for medical costs?

- ☐ YES  
☐ NO (**GO TO QUESTION B335**)

B334. In what year did you/this person last have some kind of health care coverage?

YEAR: \_\_\_\_\_ (**GO TO B336**)

- ☐ NEVER (**GO TO B335**)

B335. Have you/this person ever tried to get health insurance coverage?

- ☐ YES (**GO TO QUESTION B350**)  
☐ NO (**GO TO QUESTION B350**)



B336. About what month did you/this person last have some kind of health care coverage?

MONTH:

**[IF B334 IS LESS THAN 2003, GO TO B338]**

B336a. Over the past 12 months, were you/was this person uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, or 7 to 12 months?

- ☐ < 1 MONTH  
☐ 1-3 MONTHS  
☐ 4-6 MONTHS  
☐ 7-12 MONTHS  
☐ DON'T KNOW

B338. When you/this person last had health care coverage, was it obtained through an employer?

- ☐ YES (**GO TO B340a1**)  
☐ NO

B339. Was this health insurance obtained through...

|   | YES                      | NO                       |                      |
|---|--------------------------|--------------------------|----------------------|
| A.MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B340) |
| B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health? | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B340) |
| C.Medicare?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B341) |
| D.Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B341) |
| E.Purchasing it directly from an insurance company or insurance agent.  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B341) |
| F.A group such as a labor union, professional association or other group  <br>What group was that?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B341) |
| G.Some other method<br> What was that?  | <input type="checkbox"/> | <input type="checkbox"/> | (GO TO B341)         |

B340. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH:

YEAR: \_\_\_\_\_ **[GO TO B341]**

B341. What was the name of the health insurance company or HMO with whom you had this health insurance?

COMPANY NAME:

B342. What change in situation happened so you/this person no longer had health care coverage?

**[IF YES TO B339A, GO TO B349a]**

B343. At any time during the last 12 months, have you/this person been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

**[IF PERSON LAST HAD INSURANCE PRIOR TO 2001 (FROM B334, GO TO B350)]**

B349a. Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

- ☐ OTHER TIMES
- ☐ ONLY TIME (**GO TO QUESTION B350**)

B349b. Within the last 3 years, how many other periods of time were there in which you/this person did not have health insurance?

NUMBER OF TIMES:

B350. We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?

YEAR: \_\_\_\_\_ (**IF 2002 OR EARLIER, GO TO B354**)

B352. In what month was that? MONTH:

B354. [IF "NEVER" HAD HEALTH INSURANCE (B334), GO TO QUESTION B356] Was that before or after you/this person stopped having any kind of health care coverage?

- ☐ BEFORE (**GO TO B360**)
- ☐ AFTER

B356. Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

- ☐ DOCTOR'S OFFICE
- ☐ CLINIC
- ☐ EMERGENCY ROOM
- ☐ PATIENT IN HOSPITAL
- ☐ SOMEPLACE ELSE: Where was that?

B358. To the best of your knowledge, did you/this person pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

- ☐ PAID OUT OF POCKET
- ☐ PROVIDED FOR FREE: Where did they receive this care?
- ☐ PAID BY SOME OTHER MANNER: How was it paid for?



|   |   |  |  |
|---|---|--|--|
| B360. Have you ever heard about...                        |   | B362. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by... |  |
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth? | <input type="checkbox"/> Yes ->                     | <input type="checkbox"/> Yes ->  | B364a. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I   |
|   | <input type="checkbox"/> No (SKIP TO B360b)         | <input type="checkbox"/> No ->   | B366a. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I  |
|   | <input type="checkbox"/> DON'T KNOW (SKIP TO B360b) |  |  |
| B. A program called FreeCare?                             | <input type="checkbox"/> Yes ->                     | IF 18+ YEARS GO TO B360C<br><input type="checkbox"/> Yes ->  | B364b. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I   |
|   | <input type="checkbox"/> No (SKIP TO B360c)         | <input type="checkbox"/> No ->   | B366b. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I  |
|   | <input type="checkbox"/> DON'T KNOW (SKIP TO B360c) |  |  |
| C. The Medical Security Plan or MSP?                      | <input type="checkbox"/> Yes ->                     | IF MALE GO TO B360D<br><input type="checkbox"/> Yes ->   | B364e. Were you/was this person accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I   |
|   | <input type="checkbox"/> No (SKIP TO B416)          | <input type="checkbox"/> No ->   | B366e. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|   | <input type="checkbox"/> DON'T KNOW (SKIP TO B416)  |  |  |

B416. If low-cost health care were made available, would you/your family/this person be able to pay anything at all to get health care coverage?

- ☐ YES  
☐ NO (GO TO B419a)  
☐ DON'T KNOW (GO TO B419a)

B418. What is the most you think you/your family/this person would be willing and able to pay each month for health care coverage?

\$\_\_\_\_\_ PER MONTH

[ ] DON'T KNOW

## II. Health Service Utilization

**I have a few questions about your/the [age] year old [gender] use of health care services.**

B420. In the last 12 months, was there ever a time when you/this person needed any type of medical care which is usually provided by a doctor, nurse, or other health care professional?

[ ] YES

[ ] NO (**GO TO B426**)

B422. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive it?

[ ] ALWAYS (**GO TO B426**)

[ ] USUALLY

[ ] SOMETIMES

[ ] NEVER

B424. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

[ ] BIG REASON

[ ] SMALL REASON

[ ] NOT A REASON AT ALL

B426. In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF TIMES: \_\_\_\_\_ [**IF 0, GO TO B430**]

B428. When you/this person made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B430. (Not including giving birth) In the past 12 months, have you/this person been a patient overnight in a hospital?

[ ] YES

[ ] NO (**GO TO B434**)

B432. When you were/this person was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B434. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: \_\_\_\_\_ (IF 0 GO TO B438)

☐ DON'T KNOW

B436. To the best of your knowledge, were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

B438. In the past 12 months were you/was this person prescribed medication by a doctor?

☐ YES

☐ NO (GO TO QUESTION B442a)

B440. Did you fill all, most, some, or none of these prescriptions?

☐ ALL

☐ MOST

☐ SOME

☐ NONE (GO TO QUESTION B442a)

B442. To the best of your knowledge, were these prescriptions usually paid by you or your family/this person out of pocket, where they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

B442a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?

NUMBER OF VISITS \_\_\_\_\_ (IF 0 GO TO B442c)

B442b. When you/this person made dental visits, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

B442c. During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?

NUMBER OF TREATMENTS \_\_\_\_\_ (IF 0 GO TO B444)

B442d. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[    ] PAID BY YOU/FAMILY/THAT PERSON

[    ] PROVIDED FOR FREE: Where did they receive this care?

[    ] PAID IN SOME OTHER MANNER: How was it paid for?

## **II. Health Status**

**I just have a few more questions about your/their health status.**

B444. (Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?

[    ] YES

[    ] NO (**GO TO B450**)

B446. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: \_\_\_\_\_

B448. Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?

[    ] YES

[    ] NO

B450. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

[    ] YES

[    ] NO (**GO TO B454**)

B452. What condition is that? [Probe: Anything else?]

**[INTERVIEWER CHECK: IF THERE ARE MORE UNINSURED ADULTS, CHOOSE NEXT UNINSURED ADULT FROM FLAP AND GO TO NEXT PAGE.]**

**IF ALL UNINSURED ADULTS COMPLETED, CHECK 'COMPLETED' FOR UNINSURED ADULT SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]**

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## UNINSURED SECTION #4

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**[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE 4<sup>TH</sup> UNINSURED PERSON 18 OR OVER]**

### **Employment and Insurance**

B500. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT: \_\_\_\_\_]

B502. The following questions concern others in your household who are currently uninsured. I'd like to continue by asking you about yourself/the [age] year old [gender].

ENTER PERSON NUMBER:

B504. **[IF EMPLOYED; GO TO QUESTION B506]**

In what month and year did you/did he/she last work at a job for pay?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

[ ] NEVER WORKED

B504a Do you/Does he/she currently want a job, either full or part time?

[ ] YES OR MAYBE, IT DEPENDS

[ ] NO

[ ] RETIRED

[ ] DISABLED

[ ] UNABLE TO WORK

[ ] DON'T KNOW

B504b. What best describes your/his/her situation at this time? For example, would you say looking for work, disabled, retired, ill, in school, taking care of a house or family, or something else?

[ ] LOOKING FOR WORK

[ ] DISABLED

[ ] RETIRED

[ ] ILL

[ ] IN SCHOOL

[ ] TAKING CARE OF A HOUSE OR FAMILY

[ ] SOMETHING ELSE|

B504c. What is that?

B504d. At any time in the past 12months, did you/he/she receive unemployment insurance?

[ ] YES

[ ] NO

[ ] DON'T KNOW

B506. You mentioned that you/he/she currently work(s) at a job for pay. Are you/Is he/she self-employed, working for someone else, or of both?



- ☐ SELF EMPLOYED (**GO TO B512**)
- ☐ WORKING FOR SOMEONE ELSE
- ☐ WORKING FOR AN EMPLOYER AND SELF EMPLOYED

B508. (Excluding self employment) Do you/Does he/she currently have more than one employer?

- ☐ YES
- ☐ NO

B506a. Do you/Does he/she currently work for a private employer, for a state, local, or municipal government, for the federal government, or for someone else?

- ☐ PRIVATE EMPLOYER
- ☐ STATE/LOCAL/MUNICIPAL GOVERNMENT
- ☐ FEDERAL GOVERNMENT
- ☐ SOMEONE ELSE: Who is that?

B510. **[IF B508=NO THEN GO TO B512]**

Do you/Does he/she usually work at least 35 hours per week for any one employer?

- ☐ YES
- ☐ NO

B512. (Considering all the jobs you have/he/she has right now, including self-employment,) how many hours per week do you/does he/she usually work?

NUMBER OF HOURS:

B514a1. Does your/his/her employer/Do any of your/his/her employers currently offer health insurance coverage to any of its/their employees?

- ☐ YES
- ☐ NO (GO TO QUESTION B520)
- ☐ DON'T KNOW (GO TO QUESTION B520)

B514a2. If you/he/she wanted to, could you/he/she currently be insured by the health insurance coverage offered by you/his/her employer?

- ☐ YES
- ☐ NO (GO TO QUESTION B514a6)
- ☐ DON'T KNOW (GO TO B520)

B514a3. Is this employer offered health insurance just for yourself/himself/herself or could it be for your/his/her family?

- ☐ JUST SELF
- ☐ FAMILY
- ☐ DON'T KNOW

B514a4. For each of the following reasons, please tell me if it is a reason why you do/he does/she does not get this health insurance coverage.

|  | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|--|------------|-----------|-----------------------|
| a. Is it too expensive?  | [ ]        | [ ]       | [ ]                   |
| b. Are the benefits offered through this health insurance insufficient to meet your/his/her needs? | [ ]        | [ ]       | [ ]                   |
| c. Have you/Has he/she traded health insurance for another benefit such as higher pay?             | [ ]        | [ ]       | [ ]                   |
| d. Is health insurance not needed because everyone who would be covered is healthy?                | [ ]        | [ ]       | [ ]                   |
| e. Is health insurance not needed because you can get health care for free?                        | [ ]        | [ ]       | [ ]                   |

B514a5. Is there any other reason you do/he does/she does not get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION B520]

B514a6. For each of the following reasons, please tell me if it is a reason why you/he/she cannot get this health insurance coverage?

|   | <u>YES</u> | <u>NO</u> | <u>DON'T<br/>KNOW</u> |
|---|------------|-----------|-----------------------|
| a. Have you/Has he/Has she not yet worked long enough for the employer to qualify for health insurance?               | [ ]        | [ ]       | [ ]                   |
| b. Is your/his/her specific job, one that does not qualify for health insurance as it is a contract or temporary job? | [ ]        | [ ]       | [ ]                   |
| c. Do you/Does he/Does she not work enough hours per week or weeks per year to qualify for health insurance?          | [ ]        | [ ]       | [ ]                   |
| d. Do you/Does he/Does she have a pre-existing condition that makes you/he/she ineligible for health insurance?       | [ ]        | [ ]       | [ ]                   |

B514a7. Is there some other reason you/he/she cannot get this health insurance coverage?

[ ] YES  
[ ] NO

What are those reasons? (Probe for up to 3 reasons)

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[GO TO QUESTION B520]

B520. IF MORE THAN ONE EMPLOYER (B508) AND ELIGIBLE FOR INSURANCE (B514) READ:

Please answer the following questions about the company through which you are/this person is eligible for health insurance coverage.

IF MORE THAN ONE EMPLOYER (B508) AND **NOT** ELIGIBLE FOR INSURANCE (B514) READ:

Please answer the following questions about your/this person's main employer.

OTHERWISE GO TO B524

B524. Considering all the locations that this company may have across the United States, is the number of people employed by this company less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499     |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999     |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1,000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW    |

B524a. Considering just the location at which you/he/she work(s), is the number of people employed by this company at this single location less than 10, 10 to 49, 50 to 99, 100 to 499, 500 to 999, or 1,000 or more?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> LESS THAN 10 | <input type="checkbox"/> 100 – 499    |
| <input type="checkbox"/> 10 – 49      | <input type="checkbox"/> 500 – 999    |
| <input type="checkbox"/> 50 – 99      | <input type="checkbox"/> 1000 OR MORE |
|                                       | <input type="checkbox"/> DON'T KNOW   |

B526. What kind of industry is this? [Probe: What do they do or make?]

B528. What kind of work do you/does he/she do; that is what is your/his/her occupation? [Probe: What were your/his/her duties or responsibilities?]

B530. Have you/Has this person worked for this company for less than one year, 1 to 5 years, or more than 5 years?

- ☐ LESS THAN 1 YEAR  
☐ 1-5 YEARS  
☐ MORE THAN 5 YEARS  
☐ DON'T KNOW

B532. Have you/Has this person ever had health insurance or been in a program that helped pay for medical costs?

- ☐ YES  
☐ NO (**GO TO QUESTION B535**)

B534. In what year did you/this person last have some kind of health care coverage?

YEAR: \_\_\_\_\_ (**GO TO B536**)

- ☐ NEVER (**GO TO B535**)

B535. Have you/this person ever tried to get health insurance coverage?

- ☐ YES (**GO TO QUESTION B550**)  
☐ NO (**GO TO QUESTION B550**)

B536. About what month did you/this person last have some kind of health care coverage?

MONTH:

**[IF B534 IS LESS THAN 2003, GO TO B538]**

B536a. Over the past 12 months, were you/was this person uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, or 7 to 12 months?

- ☐ < 1 MONTH  
☐ 1-3 MONTHS  
☐ 4-6 MONTHS  
☐ 7-12 MONTHS  
☐ DON'T KNOW

B538. When you/this person last had health care coverage, was it obtained through an employer?

- ☐ YES (**GO TO B540a**)  
☐ NO

B539. Was this health insurance obtained through...

|  | YES                      | NO                       |                      |
|--|--------------------------|--------------------------|----------------------|
| A.MassHealth, Medicaid, MassHealth PCC, or CommonHealth?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B540) |
| B.A <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health? | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B540) |
| C.Medicare?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B541) |
| D.Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?  | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B541) |
| E.Purchasing it directly from an insurance company or insurance agent.   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B541) |
| F.A group such as a labor union, professional association or other group  <br>What group was that?   | <input type="checkbox"/> | <input type="checkbox"/> | (IF YES, GO TO B541) |
| G.Some other method<br> What was that?   | <input type="checkbox"/> | <input type="checkbox"/> | (GO TO B541)         |

B540. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH:

YEAR: \_\_\_\_\_ **[GO TO B541]**

B541. What was the name of the health insurance company or HMO with whom you had this health insurance?

COMPANY NAME:

B542. What change in situation happened so you/this person no longer had health care coverage?

**[IF YES TO B539A, GO TO B549a]**

B543. At any time during the last 12 months, have you/this person been enrolled in MassHealth, Medicaid, CommonHealth, or any MassHealth HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

**[IF PERSON LAST HAD INSURANCE PRIOR TO 2001 (FROM B534), GO TO B550]**

B549a. Within the last 3 years, have there been other periods of time in which you/this person did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

- ☐ OTHER TIMES
- ☐ ONLY TIME (**GO TO QUESTION B550**)

B549b. Within the last 3 years, how many other periods of time were there in which you/this person did not have health insurance?

NUMBER OF TIMES:

B550. We'd like to know when you/this person last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did you/this person last receive any medical care at all?

YEAR: \_\_\_\_\_ (**IF 2002 OR EARLIER, GO TO B554**)

B552. In what month was that? MONTH:

B554. [IF "NEVER" HAD HEALTH INSURANCE (B534), GO TO QUESTION B556] Was that before or after you/this person stopped having any kind of health care coverage?

- ☐ BEFORE (**GO TO B560**)
- ☐ AFTER

B556. Was the last medical care you/this person received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

- ☐ DOCTOR'S OFFICE
- ☐ CLINIC
- ☐ EMERGENCY ROOM
- ☐ PATIENT IN HOSPITAL
- ☐ SOMEPLACE ELSE: Where was that?

B558. To the best of your knowledge, did you/this person pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

- ☐ PAID OUT OF POCKET

- [ ] PROVIDED FOR FREE: Where did they receive this care?  
 [ ] PAID BY SOME OTHER MANNER: How was it paid for?

|   |                        |  |   |
|---|------------------------|--|---|
| B560. Have you ever heard about...                        |                        | B562. Since you have/this person has been without health care coverage, have you/has this person applied to have medical care or services provided by... |   |
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth? | [ ] Yes ->             | [ ] Yes ->   | B564a. Were you/was this person accepted?<br>[ ] YES [ ] NO [ ] DK  |
|   | [ ] No (SKIP TO B560b) | [ ] No ->  | B566a. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br>[ ] YES [ ] NO [ ] DK |
|   |                        | [ ] DON'T KNOW (SKIP TO B560b)   |   |
| B. A program called FreeCare?                             | [ ] Yes ->             | IF 18+ YEARS GO TO B560C<br>[ ] Yes ->   | B564b. Were you/was this person accepted?<br>[ ] YES [ ] NO [ ] DK  |
|   | [ ] No (SKIP TO B616)  | [ ] No ->  | B566b. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br>[ ] YES [ ] NO [ ] DK |
|   |                        | [ ] DON'T KNOW (SKIP TO B560c)   |   |
| C. The Medical Security Plan or MSP?                      | [ ] Yes ->             | IF MALE GO TO B560D<br>[ ] Yes ->  | B564e. Were you/was this person accepted?<br>[ ] YES [ ] NO [ ] DK  |
|   | [ ] No (SKIP TO B616)  | [ ] No ->  | B566e. As far as you know, are you/is this person eligible to have any medical care or services provided by...<br>[ ] YES [ ] NO [ ] DK |
|   |                        | [ ] DON'T KNOW (SKIP TO B616)  |   |

B616. If low-cost health care were made available, would you/your family/this person be able to pay anything at all to get health care coverage?

- [ ] YES  
 [ ] NO (**GO TO B620**)  
 [ ] DON'T KNOW (**GO TO B620**)

B618. What is the most you think you/your family/this person would be willing and able to pay each month for health care coverage?

\$ \_\_\_\_\_ PER MONTH  
[ ] DON'T KNOW

## II. Health Service Utilization

**I have a few questions about your/the [age] year old [gender] use of health care services.**

B620. During the last 12 months, was there ever a time when you/this person needed any type of medical care usually provided by a doctor, nurse, or other health care professional?

[ ] YES  
[ ] NO (**GO TO B626**)

B622. When medical care was needed, did you/the [age] year old [gender] always, usually, sometimes, or never receive it?

[ ] ALWAYS (**GO TO B626**)  
[ ] USUALLY  
[ ] SOMETIMES  
[ ] NEVER

B624. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

[ ] BIG REASON  
[ ] SMALL REASON  
[ ] NOT A REASON AT ALL

B626. In the past 12 months, about how many times have you/has this person received care in a hospital emergency room?

NUMBER OF TIMES: \_\_\_\_\_ [**IF 0, GO TO B630**]

B628. When you/this person made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON  
[ ] PROVIDED FOR FREE: Where did they receive this care?  
[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B630. (Not including giving birth) In the past 12 months, have you/this person been a patient overnight in a hospital?

[ ] YES  
[ ] NO (**GO TO B634**)

B632. When you were/this person was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON  
[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER. HOW WAS IT PAID FOR?



B634. (Not counting an overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did you/this person make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: \_\_\_\_\_ (IF 0 GO TO B638)

[ ] DON'T KNOW

B636. To the best of your knowledge, were these visits paid by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B638. In the past 12 months were you/was this person prescribed medication by a doctor?

[ ] YES

[ ] NO (GO TO QUESTION B642a)

B640. Did you fill all, most, some, or none of these prescriptions?

[ ] ALL

[ ] MOST

[ ] SOME

[ ] NONE (GO TO QUESTION B642a)

B642. To the best of your knowledge, were these prescriptions usually paid by you or your family/this person out of pocket, where they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B642a. During the last 12 months, how many times did you/he/she see a dentist or dental hygienist?

NUMBER OF VISITS \_\_\_\_\_ (IF 0 GO TO B642c)

B642b. When you/this person made dental visits, to the best of your knowledge were these visits usually paid for by your or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[ ] PAID BY YOU/FAMILY/THAT PERSON

[ ] PROVIDED FOR FREE: Where did they receive this care?

[ ] PAID IN SOME OTHER MANNER: How was it paid for?

B642c. During the last 12 months, including treatment for substance abuse, how many times have you/he/she received mental health services?

NUMBER OF TREATMENTS \_\_\_\_\_ (IF 0 GO TO B644)

B642d. When you/this person received mental health services, to the best of your knowledge were these visits usually paid for by you or your family/this person out of pocket, were they provided for free, or were they paid for in some other manner?

[    ] PAID BY YOU/FAMILY/THAT PERSON

[    ] PROVIDED FOR FREE: Where did they receive this care?

[    ] PAID IN SOME OTHER MANNER: How was it paid for?

## **II. Health Status**

**I just have a few more questions about your/their health status.**

B644. (Not counting pregnancy) do you/does this person now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?

[    ] YES

[    ] NO (**GO TO B650**)

B646. In the last 12 months, how many times have you/has this person seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES:

B648. Have you/has this person been taking prescription medicine for at least 3 months for any of these conditions?

[    ] YES

[    ] NO

B650. Has a doctor or other medical care giver ever diagnosed you/this person with any medical condition or disability that currently limits you/him/her in your/his/her everyday activities or in the kind of work you/he/she can do?

[    ] YES

[    ] NO (**GO TO B654**)

B652. What condition is that?

[Probe: Anything else?]

**[INTERVIEWER CHECK: IF MORE UNINSURED ADULTS IN HOUSEHOLD, ADD UNINSURED SECTIONS.**

**IF ALL UNINSURED ADULTS COMPLETED, CHECK ‘COMPLETED’ FOR UNINSURED ADULT SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]**

**RANDOM UNINSURED CHILD SECTION**

**[NOTE: THIS SECTION NEEDS TO BE COMPLETED FOR THE SELECTED UNINSURED CHILD UNDER 18. IF NO UNINSURED CHILD, CHECK FLAP FOR NEXT NEEDED SECTION TO COMPLETE]**

B700. [INTERVIEWER CHECK: ENTER PERSON NUMBER OF PERSON ACTING AS HOUSEHOLD INFORMANT:]

B702. (Next), I'd like to get information about the [age] year old [gender].

ENTER PERSON NUMBER:

BC11. Has this child ever had health insurance or been in a program that helped pay for medical costs?

- [    ] YES  
[    ] NO (**GO TO QUESTION BC12a**)

BC12. In what year did this child last have some kind of health care coverage?

YEAR: \_\_\_\_\_ (**GO TO BC13**)

- [    ] NEVER (**GO TO BC12a**)

BC12a. Has anyone ever tried to get health insurance coverage for this child?

- [    ] YES (**GO TO QUESTION BC20**)  
[    ] NO (**GO TO QUESTION BC20**)

BC13. About what month did this child last have some kind of health care coverage?

MONTH:

**[IF BC12 IS LESS THAN 2003, GO TO BC14]**

BC13a. Over the past 12 months, were you/was this person uninsured for less than 1 month, 1 to 3 months, 4 to 6 months, or 7 to 12 months?

- [    ] < 1 MONTH  
[    ] 1-3 MONTHS  
[    ] 4-6 MONTHS  
[    ] 7-12 MONTHS  
[    ] DON'T KNOW

BC14. When this child last had health care coverage, was it obtained through someone's employer?

- [    ] YES (**GO TO BC16a1**)  
[    ] NO

BC15. Was this health insurance obtained through...

|   | YES   | NO    |                       |
|---|-------|-------|-----------------------|
| A.MassHealth, Medicaid, MassHealth PCC, or CommonHealth?  | [   ] | [   ] | (IF YES, GO TO BC16)  |
| B.a <u>MassHealth</u> or <u>Medicaid</u> sponsored program or HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health? | [   ] | [   ] | (IF YES, GO TO BC16)  |
| C.Medicare?   | [   ] | [   ] | (IF YES, GO TO BC16a) |
| D.Tricare, CHAMPUS, CHAMPUS VA, VA or other military plans?   | [   ] | [   ] | (IF YES, GO TO BC16a) |
| E.Purchasing it directly from an insurance company or insurance agent.  | [   ] | [   ] | (IF YES, GO TO BC16a) |
| F.A group such as a labor union, professional association or other group  <br>What group was that?  | [   ] | [   ] | (IF YES, GO TO BC16a) |
| G.Some other method<br> What was that?  | [   ] | [   ] | (GO TO BC16a)         |

BC16. What was the month and year of the most recent enrollment to Medicaid or MassHealth for this health insurance coverage?

MONTH:

YEAR:

BC16a. What was the name of the health insurance company or HMO with whom you had this health insurance?

COMPANY NAME:

BC19 What change in situation happened so this child no longer had health care coverage?

**[IF BC15A =YES GO TO BC19a]**

BC19a1. At any time during the last 12 months, has this child been enrolled in MassHealth, Medicaid, CommonHealth or any MassHealth HMO such as those offered through the Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health?

[   ] YES

[   ] NO

[   ] DON'T KNOW

BC19a. Within the last 3 years, have there been other periods of time in which this child did not have health insurance, or is this current period the only time in the last 3 years you/this person did not have health insurance?

[   ] OTHER TIMES

[   ] ONLY TIME (**GO TO QUESTION BC20**)

BC19b. Within the last 3 years, how many other periods of time were there in which this child did not have health insurance?

NUMBER OF TIMES:

BC20. We'd like to know when this child last received any medical care in any setting — either a doctor's office, a clinic, an emergency room, or as a patient in a hospital. In what year did this child last receive any medical care at all?

YEAR: \_\_\_\_\_ (IF 2002 OR EARLIER, GO TO BC22)

BC21. In what month was that?

MONTH: \_\_\_\_\_

BC22. [IF "NEVER" HAD HEALTH INSURANCE (BC11), GO TO QUESTION BC23] Was that before or after this child stopped having any kind of health care coverage?

- ☐ BEFORE (GO TO BC25a)
- ☐ AFTER

BC23. Was the last medical care this child received in a doctor's office, a clinic, an emergency room, as a patient in a hospital, or someplace else?

- ☐ DOCTOR'S OFFICE
- ☐ CLINIC
- ☐ EMERGENCY ROOM
- ☐ PATIENT IN HOSPITAL
- ☐ SOMEPLACE ELSE: Where was that?

BC24. To the best of your knowledge, did this child's family pay for this medical care out of pocket, was it provided for free, or was it paid for in some other manner?

- ☐ PAID OUT OF POCKET
- ☐ PROVIDED FOR FREE: Where did they receive this care?
- ☐ PAID BY SOME OTHER MANNER: How was it paid for?

|  |   |  |   |
|--|---|--|---|
| BC25a. Have you ever heard about...                        |   | BC26. Since this child has been without health care coverage, has this child applied to have medical care or services provided by... |   |
| A. MassHealth, Medicaid, MassHealth PCC, or CommonHealth ? | <input type="checkbox"/> Yes ->             | <input type="checkbox"/> Yes ->  | BC27a. Was this child accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK   |
|  | <input type="checkbox"/> No (SKIP TO BC25b) | <input type="checkbox"/> No ->   | BC28a. As far as you know, is this child eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|  |   | <input type="checkbox"/> DON'T KNOW (SKIP TO C25b)   |   |
| B. A program called FreeCare?                              | <input type="checkbox"/> Yes ->             | <input type="checkbox"/> Yes ->  | BC27b. Was this child accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK   |
|  | <input type="checkbox"/> No (SKIP TO BC25c) | <input type="checkbox"/> No ->   | BC28b As far as you know, is this child eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK  |
|  |   | <input type="checkbox"/> DON'T KNOW (SKIP TO C25c)   |   |
| C. The Medical Security Plan or MSP?                       | <input type="checkbox"/> Yes ->             | <input type="checkbox"/> Yes ->  | BC27e. Was this child accepted?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK   |
|  | <input type="checkbox"/> No (SKIP TO BC29)  | <input type="checkbox"/> No ->   | BC28e. As far as you know, is this child eligible to have any medical care or services provided by...<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK |
|  |   | <input type="checkbox"/> DON'T KNOW (SKIP TO BC29)   |   |

BC29. If low-cost health care were made available, would this child's family be able to pay anything at all to get health care coverage?

☐ YES

☐ NO (**GO TO BC31**)

BC30. What is the most you think this child's family would be willing and able to pay each month for health care coverage?

\$ \_\_\_\_\_ PER MONTH

☐ DON'T KNOW

## **II. Health Service Utilization (Child)**

**I have a few questions about this child's use of health care services.**

BC31. In the last 12 months, was there ever a time when this child needed any type of medical care usually provided by a doctor, nurse, or other health care professional?

☐ YES

☐ NO (**GO TO BC34**)

BC32. When medical care was needed, did this child always, usually, sometimes or never receive this care?

☐ ALWAYS (**GO TO BC34**)

☐ USUALLY

☐ SOMETIMES

☐ NEVER

BC33. When medical care was **not** received, was cost of care a big reason, a small reason, or not a reason at all?

☐ BIG REASON

☐ SMALL REASON

☐ NOT A REASON AT ALL

BC34. In the past 12 months, about how many times did this child receive care in a hospital emergency room?

NUMBER OF TIMES: \_\_\_\_\_ (**IF 0, GO TO BC36**)

BC35. When this child made hospital emergency room visits, to the best of your knowledge were these visits usually paid for by the child's family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY CHILD'S FAMILY

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC36. (Not including giving birth) In the past 12 months, has this child been a patient overnight in a hospital?

☐ YES

☐ NO (**GO TO BC38**)

BC37. When this child was a patient overnight in a hospital, to the best of your knowledge was the hospital stay usually paid for by the child's family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY CHILD'S FAMILY

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC38. (Not counting all overnight stays in a hospital and excluding emergency room visits) In the past 12 months, how many times did this child make visits to a doctor's office for medical treatment?

NUMBER OF TIMES: \_\_\_\_\_ (IF 0 GO TO BC40)

☐ DON'T KNOW

BC39. To the best of your knowledge, were these visits paid by the child's family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY CHILD'S FAMILY

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC40. In the past 12 months was this child prescribed medication by a doctor?

☐ YES

☐ NO (GO TO QUESTION BC42a)

BC41. Did you fill all, most, some, or none of these prescriptions?

☐ ALL

☐ MOST

☐ SOME

☐ NONE (GO TO QUESTION BC42a)

BC42. To the best of your knowledge, were these prescriptions usually paid by the child's family out of pocket, where they provided for free, or were they paid for in some other manner?

☐ PAID BY CHILD'S FAMILY

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC42a. During the last 12 months, how many times did this child see a dentist or dental hygienist?

NUMBER OF VISITS \_\_\_\_\_ (IF 0 GO TO BC42c)

BC42b. When this child made dental visits, to the best of your knowledge were these visits usually paid for by you or your family out of pocket, were they provided for free, or were they paid for in some other manner?

☐ PAID BY YOU/FAMILY/THAT PERSON

☐ PROVIDED FOR FREE: Where did they receive this care?

☐ PAID IN SOME OTHER MANNER: How was it paid for?

BC42c. During the last 12 months, including treatment for substance abuse, how many times has this child received mental health services?

NUMBER OF TREATMENTS \_\_\_\_\_ (IF 0 GO TO BC43)



BC42d. When this child received mental health services, to the best of your knowledge were these visits usually paid for by you or your family out of pocket, were they provided for free, or were they paid for in some other manner?

- ☐ PAID BY YOU/FAMILY/THAT PERSON  
☐ PROVIDED FOR FREE: Where did they receive this care?  
☐ PAID IN SOME OTHER MANNER: How was it paid for?

## **II. Health Status**

**I just have a few more questions about this child's health status.**

BC43. (Not counting pregnancy,) does this child now have any medical conditions, including mental health conditions, that have lasted for at least 3 months?

- ☐ YES  
☐ NO (**GO TO BC56**)

BC44. In the last 12 months, how many times has this child seen a doctor or other health professional for any of these conditions?

NUMBER OF TIMES: \_\_\_\_\_

BC45. Has this child been taking prescription medicine for at least 3 months for any of these conditions?

- ☐ YES  
☐ NO

BC46. Has a doctor or other medical care giver ever diagnosed this child with any medical condition or disability that currently limits them in their everyday activities?

- ☐ YES  
☐ NO (**GO TO BC48**)

BC47. What condition is that? (Probe: Anything else?)

\_\_\_\_\_  
\_\_\_\_\_

BC48. In general, would you rate this child's overall health as excellent, very good, good, fair, or poor?

- ☐ EXCELLENT  
☐ VERY GOOD  
☐ GOOD  
☐ FAIR  
☐ POOR

**[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR UNINSURED CHILD SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]**

# Survey of Insurance Status - 2004 Senior Module

Conducted by

The Center for Survey Research  
University of Massachusetts - Boston

for

Massachusetts Division of Health Care Finance and Policy

C830

February 2004

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## SENIOR PHARMACY PROGRAM - PERSONS OVER 65

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### RANDOM SELECTION OF PERSON 65+

#### IF NO ONE 65+, CHECK FLAP FOR NEXT NEEDED SECTION

If only one person 65+ in household, enter that person number on flap and ask questions about that person, beginning with Question C1. on next page.

If more than one person 65+ in household, do the following:

**A) COMPUTE NUMBER OF PERSONS 65+ (CALCULATE FROM FLAP)**

**ENTER NUMBER HERE:**

**B) CIRCLE NUMBER OF PERSONS 65+ IN LEFT HAND VERTICAL COLUMN BELOW**

**C) CIRCLE KISH TABLE 65+ NUMBER FROM LABEL IN FIRST HORIZONTAL COLUMN BELOW**

**D) PLACE FINGER ON CIRCLED NUMBER OF PERSONS 65+ IN LEFT HAND VERTICAL COLUMN BELOW, GO RIGHT UNTIL YOU COME TO COLUMN WITH CIRCLED KISH TABLE NUMBER, CIRCLE SELECTED PERSON INSIDE TABLE**

**E) ENTER PERSON NUMBER OF SELECTED PERSON ON FLAP UNDER RANDOM SELECTION OF PERSON 65+**

| ENTER<br>NUMBER OF<br>ELIGIBLE<br>ADULTS 65+ | KISH TABLE 65+ NUMBER (FROM LABEL)          |   |   |   |   |   |   |   |   |    |    |    |
|--|---|---|---|---|---|---|---|---|---|----|----|----|
|  | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  | INTERVIEW THE N-TH OLDEST ADULT 65 OR OVER: |   |   |   |   |   |   |   |   |    |    |    |
| 1  | 1   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1  | 1  |
| 2  | 1   | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 2  | 2  | 2  |
| 3  | 1   | 1 | 2 | 2 | 3 | 3 | 1 | 1 | 2 | 2  | 3  | 3  |
| 4  | 1   | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 2 | 3  | 4  | 4  |
| 5  | 1   | 2 | 3 | 4 | 3 | 5 | 1 | 2 | 3 | 4  | 5  | 5  |
| 6 OR MORE                                    | 1   | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4  | 5  | 6  |

**You have told me that there are people in this household 65 years old or older. I'd like to ask a few questions about yourself/the [age] year old [gender].**

- C1. Do you/Does this person have traditional Medicare, a Medicare HMO, such as Secure Horizons, First Seniority, Fallon Senior, or BlueCare 65 or some other type of health insurance?
- ☐ TRADITIONAL CARE  
☐ MEDICARE HMO  
☐ OTHER: What is that?
- C2. Are your/this person's benefits better, about the same, or worse than 12 months ago?
- ☐ BETTER  
☐ ABOUT THE SAME (**GO TO C3**)  
☐ WORSE  
☐ DON'T KNOW (**GO TO C3**)
- C2a. What has changed in the benefits over the past 12 months?
- C3. As far as you know, have premiums increased, decreased, or stayed about the same over the past 12 months?
- ☐ INCREASE  
☐ DECREASED  
☐ STAYED THE SAME
- C3c. Out-of-pocket expenses are payments you make for health care, other than the cost of premiums. This includes the costs of deductibles and copayments, which are partial payments you make to receive medical care or prescriptions. For the year 2003, would you say that the out-of-pocket expenses for everyone in the household on this health insurance plan were less than \$200, 200 to 499, 500 to 999, 1,000 to 1,999, or \$2,000 or more?
- ☐ ZERO (**GO TO C3e**)  
☐ LESS THAN \$200  
☐ \$200-\$499  
☐ \$500-\$999  
☐ \$1,000-\$1,999  
☐ \$2,000 OR MORE  
☐ DON'T KNOW
- C3d. Were these out-of-pocket expenses not difficult, a little difficult, somewhat difficult, or very difficult for you/your family to afford?
- ☐ NOT DIFFICULT  
☐ A LITTLE DIFFICULT  
☐ SOMEWHAT DIFFICULT  
☐ VERY DIFFICULT
- C3e. Were the out-of-pocket expenses paid by you/your family in the year 2003 a lot more, a little more, about the same, a little less, or a lot less than the out-of-pocket expenses you/your family paid in the year 2002?
- ☐ A LOT MORE  
☐ A LITTLE MORE  
☐ ABOUT THE SAME  
☐ A LITTLE LESS  
☐ A LOT LESS
- C4. Do you/Does this person currently have any health insurance coverage for prescription drugs?

- ☐ ] YES
- ☐ ] NO

C5. In the past 12 months, did you/this person use any prescription drugs?

- ☐ ] YES
- ☐ ] NO (**GO TO D2**)

C6. Out-of-pocket expense are payments you make for health care, other than the cost of premiums. This includes the costs of deductibles and copayments which are partial payments you make to receive medical care or prescriptions.

In the past month, about how much did you/this person spend out of pocket on prescription drugs, was it less than \$10, \$10 to \$50, \$51 to \$75, \$76 to \$100, or more than \$100?

- ☐ ] LESS THAN \$10
- ☐ ] \$10-\$50
- ☐ ] \$51-\$75
- ☐ ] \$76-\$100
- ☐ ] MORE THAN \$100
- ☐ ] DON'T KNOW

C7. In the past 12 months, were your/was this person's costs for prescription drugs used for short term illnesses, long term chronic conditions, or both?

- ☐ ] SHORT TERM ILLNESSES
- ☐ ] LONG TERM CHRONIC CONDITIONS
- ☐ ] BOTH
- ☐ ] DON'T KNOW

C8. [If C4=NO go to C9] In the past 12 months, was there ever a time when you/this person did not have insurance coverage for prescription drugs?

- ☐ ] YES
- ☐ ] NO

C9. I am going to read you a list of possible sources which can help pay for prescription drugs. In the past 12 months, have any of the following helped pay for the costs of your/this person's prescription drugs?

|   | YES                      | NO                       | DON'T KNOW               |
|---|--------------------------|--------------------------|--------------------------|
| a. Medigap, Medex Gold, Blue Cross/Blue Shield  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A Medicare HMO or Medicare Choice Plan such as Secure Horizons, Fallon Senior Plan, First Seniority, or Blue Care 65 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. MassHealth or Medicaid   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Private insurance from an employer   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Prescription Advantage Plan  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Some other source:<br>What is that?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C10. At any time in the past 12 months, did you/he/she get a prescription drug from Canada, either through the internet, mail, personal visit, or having someone get it for you?

- ☐ YES  
☐ NO

**[65+ CHECK: CHECK 'COMPLETED' FOR 65+ SECTION ON FLAP, AND CHECK FLAP FOR NEXT NEEDED SECTION]**

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# Survey of Insurance Status - 2004 Demo Module

Conducted by

The Center for Survey Research  
University of Massachusetts - Boston

for

Massachusetts Division of Health Care Finance and Policy

C830

February 2004

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**DEMOGRAPHICS SECTION**

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D2. [TO WHOM ARE YOU SPEAKING?]

PERSON #:

D2a. What is your zip code? ZIP CODE:

D2a1. What is the name of the county you live in? COUNTY:

D2a2. What is the name of the city or town you live in? CITY/TOWN:

D2a3. Is this residence owned or rented?

- ☐ OWNED  
☐ RENTED  
☐ DON'T KNOW

D2b. What is the language spoken most often in your home?

- ☐ ENGLISH  
☐ SPANISH  
☐ PORTUGUESE  
☐ ASIAN LANGUAGES (CHINESE, MANDARIN, CANTONESE, KHMER, VIETNAMESE, JAPANESE, OTHERS)  
☐ OTHER: GIVE LANGUAGE:

D2c. Do you consider yourself to be Hispanic or Latino?

- ☐ YES [IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2h]  
☐ NO [IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2h]

D2d. Is everyone else in this household also Hispanic or Latino?

- ☐ YES (GO TO D2h)  
☐ NO

D2e. Which persons are not Hispanic or Latino?

ENTER PERSON NUMBER: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
[GO TO D2h]

D2f. Is anyone in the household Hispanic or Latino?

- ☐ YES  
☐ NO (GO TO D2h)



D2g. Which persons are Hispanic or Latino?

ENTER PERSON NUMBER: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

D2h. (In addition to being Hispanic) Are you white, black or African American, Asian, Native American or Alaskan Native, Native Hawaiian or Other Pacific Islander, or something else?

- ☐ WHITE
- ☐ BLACK OF AFRICAN AMERICAN
- ☐ ASIAN
- ☐ NATIVE AMERICAN OR ALASKAN NATIVE
- ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER
- ☐ SOMETHING ELSE

D2i. Is there anyone in this household of a different race than you?

- ☐ YES **[IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2I]**
- ☐ NO **[IF ONLY 1 PERSON IN HOUSEHOLD, GO TO D2I]**

D2j. Which persons are of a different race than you?

ENTER PERSON NUMBER: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

D2k. [FOR EACH PERSON LISTED IN D2j]

Is that person white, black or African-American, Asian, Native American or Alaskan Native, Native Hawaiian or other Pacific Islander, or something else?

| PERSON<br>NUMBER | WHITE                    | BLACK                    | ASIAN                    | NATIVE<br>AMERICAN       | PACIFIC<br>ISLANDER      | SOMETHING<br>ELSE        |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D2l. Is anyone in this household a veteran of the United States military?

[   ] YES

[   ] NO (**GO TO D212**)

D211. Which persons are veterans?

ENTER PERSON NUMBER: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

D2l2. Was anyone in the household born outside the United States?

☐ YES

☐ NO (**GO TO D2m**)

D2l3. Which persons were born outside the United States?

ENTER PERSON NUMBER: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

D2l4. [FOR EACH PERSON LISTED IN D2L3 ASK:]

In what year did this person move to the United States?

PERSON #:              YEAR:

D2m. [Skip if single person household] Including those related through marriage or adoption how many people living in this household are related to you?

NUMBER OF PEOPLE RELATED TO INFORMANT:

D2n. The next questions are about income. We know that people aren't used to talking about their income, but we ask these questions to get an OVERALL statistical picture of your community, not to find out about you personally. These questions are very important to us so I hope you will answer as accurately as you can.

D3a. Was the total income in the year 2003 from all sources for your family greater or less than \$50,000?

☐ GREATER (**GO TO D6a**)

☐ LESS

D4a. Was it greater or less than \$30,000?

☐ GREATER

☐ LESS (**GO TO D5a**)

D4a1. Was it greater or less than \$40,000?

☐ GREATER (**GO TO D4c1**)

☐ LESS

D4b1. Is it between ...

☐ \$30,000 to \$32,500

☐ \$32,500 to \$37,000, or

☐ \$37,000 to \$40,000

**(GO TO D8)**

D4c1. Is it between ...

☐ \$40,000 to \$43,000

☐ \$43,000 to \$46,000, or

☐ \$46,000 to \$50,000  
**(GO TO D8)**

D5a. Was it greater or less than \$20,000?

☐ GREATER  
☐ LESS **(GO TO D5a2)**

D5a1. Was it greater or less than \$25,000?

☐ GREATER **(GO TO D5c1)**  
☐ LESS

D5b1. Is it between ...

☐ \$20,000 to \$21,500  
☐ \$21,500 to \$23,000, or  
☐ \$23,000 to \$25,000

**(GO TO D8)**

D5C1. Was it greater or less than \$28,000?

☐ GREATER  
☐ LESS

**(GO TO D8)**

D5a2. Was it greater or less than \$10,000?

☐ GREATER  
☐ LESS **(GO TO D8)**

D5a3. Was it greater or less than \$15,000?

☐ GREATER  
☐ LESS

D5a4. Is it between ...

☐ \$10,000 to \$12,000  
☐ \$12,000 to \$13,500, or  
☐ \$13,500 to \$15,000

**(GO TO D8)**

D5a5. Is it between ...

☐ \$15,000 to \$16,000  
☐ \$16,000 to \$18,000, or  
☐ \$18,000 to \$20,000

**(GO TO D8)**

D6a. Was it greater or less than \$75,000?

☐ GREATER (**GO TO D6a2**)

☐ LESS

D6a1. Was it greater or less than \$60,000?

☐ GREATER (**GO TO D8**)

☐ LESS

D6b1. Was it greater or less than \$55,000?

☐ GREATER

☐ LESS

**(GO TO D8)**

D6a2. Was it greater or less than \$85,000?

☐ GREATER (**GO TO D7a**)

☐ LESS

D6a3. Was it greater or less than \$80,000?

☐ GREATER

☐ LESS

**(GO TO D8)**

D7a. Was it greater or less than \$100,000?

☐ GREATER

☐ LESS (**GO TO D8**)

D7a1. Was it greater or less than \$125,000?

☐ GREATER

☐ LESS (**GO TO D8**)

D8a2. Was it greater or less than \$150,000?

☐ GREATER

☐ LESS

**[IF ONLY 1 PERSON 15+ IN HOUSEHOLD, GO TO D8a]**

D8. Of all family members, which person had the highest earnings from jobs and businesses for the year 2003?

ENTER PERSON NUMBER\_\_\_\_\_

D10. Sometimes we like to re-contact respondents to ask them if they would like to take part in focus groups for which they might be paid, or simply to ask them a few short clarification questions. Would it be alright if we contacted you in the future for something like this?

☐ YES

☐ NO

**[INTERVIEWER CHECK: CHECK 'COMPLETED' FOR DEMOGRAPHIC SECTION ON FLAP, CHECK FLAP TO MAKE SURE ALL NEEDED SECTIONS ARE COMPLETED]**

**Thank you very much for your time and cooperation. Your answers will help planners better understand the ways in which people get health insurance and receive healthcare.**

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